



Palmetto

Cremation Society, Inc.

AUTHORIZATION FOR CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS

OF _____

SOCIAL SECURITY NO. _____

The date and time of death of _____ (hereinafter "the Deceased") was on _____, a t _____, as indicated on the attached attending physician's, medical examiner's or coroner's certificate of death.

The undersigned agent of the Deceased certifies that said agent has the full legal authority and right to authorize the cremation, processing, and disposition of the Deceased's remains, and further, said agent certifies that, to the agent's knowledge, there exists no person who possesses a superior priority right and no person of equal priority who disagrees with this authorization.

Gz gtekulpi "vj g'cwj qtkv' chqtguckf . 'K'vj g'wpg gtuki pgf . 'j gtgd { 'cwj qtk g'Rcm gwq'Etgo cvkqp'Uqekgv' " *J gtgchgt'hpqy p'cu'õHwpgtch'Guvedrluj o gpv\$+'vq'vcng'r quugukqp'qh'cpf 'o cng'cttcpi go gpw'hqt. 'vj g'etgo cvkqp 'qh'vj g'tgo ckpu'qh'vj g'F gegcugf 'cv'Rcm gwq'Etgo cvkqp'Uqekgv' 'Etgo cvqt { *j gtgkpchgt'õEtgo cvkqp'Cwj qtkv'õ=" uckf 'Etgo cvkqp'Cwj qtkv' "dglpi 'ur gekh'ecm { 'cwj qtk gf 'vq'ectt { "qw'vj g'r tqeguu'qh'etgo cvkqp'qh'vj g' F gegcugf ð'tgo ckpu. 'kp'ceeqtfcpeg'y kj 'vj g'r tqxkukqpu'qh'Ej cr vgt': 'qh'Vknrg"54."3; 98"UE0Egf g.'cu'co gpf gf ." w'qp'tgegr v'qh'vj g'F gegcugf ð'tgo ckpu'

I, as agent of the Deceased, hereby declare that, to the best of my knowledge (Check one):

_____ The Deceased's remains **DO NOT** contain a pacemaker, or any other material or implant, that may be hazardous, or cause damage to, the cremation chamber or the person performing the cremation.

_____ The Deceased's remains **DO** contain a pacemaker, or other material or implant, that may be hazardous, or cause damage to, the cremation chamber or the person performing the cremation.**

**Please list all Materials/Implants: _____

I, as agent of the Deceased, hereby declare that, to the best of my knowledge:

_____ The Deceased **DID NOT** have an infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

_____ The Deceased **DID** have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public.**

**Please list all diseases: _____

The Agent of the Deceased further authorizes and instructs the Cremation Authority to properly dispose of any items, other than the remains of the Deceased, including, but not limited to, body prostheses, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows: _____

THE CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF THE FUNERAL ESTABLISHMENT AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

Please read and initial the following:

_____ 1. The remains of the Deceased will not be accepted by the Cremation Authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.

_____ 2. The Cremation Authority shall separate and remove from the cremation chamber all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry, and precious metal, and the Cremation Authority shall dispose of such materials as provided by law and/or as instructed herein.

_____ 3. Unless specifically authorized by the Deceased's agent(s), the Cremation Authority shall not simultaneously cremate the remains of more than one person in the same cremation chamber.

_____ 4. The services of the Cremation Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Establishment.

_____ 5. The Funeral Establishment is hereby authorized to dispose of the Deceased's remains as follows:

_____ 6. If no method of disposition is specified in number 5 above, the cremated remains of the Deceased are to be held by the Cremation Authority for a period of 30 days, unless said remains are picked up or shipped to the agent or the Funeral Establishment before that time. At the end of 30 days, if final disposition arrangements have not been made, the Cremation Authority may return the cremated remains to the agent of the Deceased or the Funeral Establishment.

_____ 7. If, at the end of 60 days, no final disposition arrangements have been made, the Cremation Authority, or the Funeral Establishment in charge of the disposition arrangements, may dispose of the cremated remains in a manner provided by law, and in accordance with **Chapter 8 of Title 32, 1976 S.C. Code**, as amended.

_____ 8. Deceased's agent may revoke this authorization within 12 hours of its execution by providing written notice to the Funeral Establishment that assisted in making these arrangements and the Cremation Authority designated to perform the cremation.

_____ 9. I, the agent, have the right to authorize the cremation of the decedent and I am not aware of a person who has a superior priority or equal priority who disagrees with authorizing the cremation.

By signing this Cremation Authorization Form, I, as agent for the Deceased, agree that McAlister Smith (Funeral Establishment) and the Palmetto Cremation Society (Cremation Authority) and its respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains. However, said Funeral Establishment and Cremation Authority and its respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased's remains if said acts are performed in a grossly negligent manner.

FURTHER, I, HEREBY, STATE THAT ALL REPRESENTATIONS AND STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE; AND, FURTHER, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND THE ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.

Witnessed this ____ day of _____, _____

Witness

Time (Specify AM or PM) _____

Agent Signature and Social Security #

Relationship to Deceased _____

Address of Agent: _____

Telephone Number of Agent: _____

Signature: _____ Relationship: _____

Address: _____ Telephone Number: _____

Signature _____ Relationship: _____

Address _____ Telephone Number: _____

Signature _____ Relationship: _____

Address _____ Telephone Number: _____

Cremation and the number of options it affords is ever growing. To ensure each person authorizing cremation knows what is available the following options are outlined. Please indicate your awareness of the option by initialing each and initial your selection(s).

Prior to cremation the following options are available:

_____ RETRIEVAL OF DNA

The opportunity to retrieve DNA is only available prior to the cremation. Having a DNA sample from an earlier generation will aid researches and physicians' abilities to predict the propensity of certain diseases; therefore moving from diagnosis and treatment to early intervention and prevention.

_____ I elect to have a sample of DNA taken and stored. (Additional document to be completed at Funeral Home.)

_____ I decline the opportunity to have a DNA sample taken and understand that it is not possible following the cremation.

_____ IMPRINT JEWELRY

An impression of one's thumbprint or for a child under 5 a hand or foot imprint can be taken and made into a piece of jewelry such as a charm, locket, cufflinks, tie tack, etc. Just as every person is unique so is the jewelry.

_____ I elect to have an impression taken for use in creating jewelry. (Additional document to be completed)

_____ I decline to have an impression taken.

During the cremation process the following option is available:

_____ LIFE GEM

A precious diamond can be created by harvesting carbon from the body during the cremation process. The gem can be placed in a setting or can remain loose.

_____ I elect to have the carbon retrieved. (Additional document to be completed)

_____ I decline to have the carbon retrieved.

Following the cremation the following options are available:

_____ ETERNAL REEFS

An ecological and environmentally sound option for the disposition of cremated remains. The human cremated remains are mixed with special concrete to form artificial reef balls, which are deployed in the ocean to create a natural habitat for sea life.

_____ I elect to have the cremated remains become part of an artificial reef. (Additional document to be completed)

_____ I decline the opportunity to have the cremated remains become part of an artificial reef.

_____ MEMORIAL ART

A portion of the cremated remains is incorporated into a commissioned piece of artwork in your choice of mediums.

_____ I elect to have the cremated remains become part of artwork. (Additional document to be completed)

_____ I decline the opportunity to have the cremated remains become part of artwork.

_____ KEEPSAKE JEWELRY AND MINIATURE URNS

A small portion of the human cremated remains can be dispersed into one or more pieces of Keepsake Jewelry or urns.

_____ I elect to have the cremated remains dispersed into jewelry or an urn.

_____ I decline to have the cremated remains dispersed.