



Forest Funeral Home
313 Railroad Ave.
Shelton, WA 98584
(360) 427-8044

Woodlawn Funeral Home & Cemetery
5930 Mullen Rd. SE
Lacey, WA 98503
(360) 491-3000

Prairiewood Funeral Home
701 Prairie Park Ln.
Yelm, WA 98597
(360) 458-1234

Forest Funeral Home & Cemetery
2501 Pacific Ave. SE
Olympia, WA 98501
(360) 943-6363

CREMATION AUTHORIZATION

C# _____

The undersigned hereby requests and authorizes Black Hills Crematory to cremate the remains of:

(Name) _____ contained in _____

Date of Birth _____ Date of Death _____

The cremated remains are to be placed in a (Type of Urn) _____

Inurned/Buried at _____ Ship/Release to _____

Authorizes Woodlawn / Forest Funeral Home to scatter cremated remains _____

Witnessed Cremation Schedule _____ Day _____ Date _____ Time _____

_____(Initial) I hereby certify that I have the legal right to authorize this cremation and the disposition of the cremated remains. I further agree that I will indemnify and hold harmless Black Hills Crematory and Woodlawn and or Forest Funeral Homes from any claims to the contrary.

_____(Initial) I understand that because of the nature of the cremation process, any valuable material remaining with the body, **to include rings, earrings, necklaces, or other jewelry, dental gold, and dental appliances** will be wholly consumed and unrecoverable following the cremation. All personal possessions have been removed from the remains and claimed or otherwise I do hereby order them destroyed in the cremation process as explained.

_____(Initial) I hereby authorize Black Hills Crematory to dispose of any foreign materials, prostheses, or other objects not natural to the remains following the cremation and prior to their being processed according to industry standards and applicable laws, whether by burial or any other manner deemed advisable by and convenient to Black Hills Crematory.

_____(Initial) I understand, if this is to be a witnessed cremation, the date and time will be provided to me by the funeral home at the convenience of Black Hills Crematory, and noted on this form.

_____(Initial) I understand that surgically implanted devices such as pacemakers, which may or may not contain power sources, must be removed from the body prior to the cremation process because of the possibility of explosion. I, therefore, have instructed the funeral director or others to remove such devices prior to cremation. I agree to be liable for any damage to the crematory or injury to personnel in the event of my failure to properly effect such removal.

_____(Initial) **PACEMAKER** (Circle one) **YES NO UNKNOWN**

Print Name & Relationship

Address

Print Name & Relationship

Address

X _____
Signature Date/Time

X _____
Signature Date/Time

The family has the following special considerations and instructions for the funeral home:

Funeral Director: _____ Date: _____ Time: _____ Woodlawn & Forest Funeral Homes

Accepted by (Funeral Home Representative): _____ Date: _____ (Form revised 11/15/2013)