



11407 Brown Bridge Road
Covington, GA 30016

Phone: 678-413-0104 - Fax: 770-786-0090

**CREMATION AUTHORIZATION BY FAX AND/OR ELECTRONIC TRANSMITTAL CONFIRMATION
RELEASE AND INDEMNIFICATION AGREEMENT**

The undersigned hereby warrants to be legally entitled to authorize the cremation of _____
whose remains are presently located on the premises of _____.

The undersigned, further confirms to have requested the Funeral Home and Crematory to cremate the body of the decedent and has faxed and/or electronically transmitted the Cremation Authorization Form to the Funeral Home or Crematory. Accordingly, in connection with that request, the undersigned hereby confirms the following:

1. To have carefully reviewed the Cremation Authorization Form;
2. To understand the cremation process;
3. To have confirmed with any other person who has any rights to authorize a cremation that there is no objection;
4. To have legally authorized the Funeral Home and Crematory to cremate the body of the decedent and the Funeral Home and Crematory can rely on the Cremation Authorization Form faxed and/or electronically transmitted to it;
5. Will send the original of the Cremation Authorization Form and this Release to the Crematory at the above address; and
6. The Funeral Home and Crematory can rely on this Confirmation, Release and Indemnification form faxed and/or electronically transmitted to it.

The undersigned accordingly releases and forever discharges Crematory and Funeral Home, their employees, officers, directors, shareholders, successors or assigns from all claims, demands and causes of actions, including, but not limited to, negligence, undersigned now has or which may subsequently accrue to the undersigned arising out of or connected with, directly or indirectly, the cremations performed by Crematory on the basis of Crematory's relying on the representations made by the undersigned herein and the authorization form. The undersigned further agrees to hold Funeral Home, its employees, agent and owners harmless and to indemnify them for any liability, costs, expenses or legal fees with respect to all claims or any nature whatsoever made by any person or entity, including any other members of the family and relatives of the decedent, with respect to all damages of every kind, nature and description, alleged against them and arising out of any action or actions performed with respect to the authorization to cremate the remains of the decedent.

I hereby acknowledge that I have read this Cremation Authorization by Fax and/or Electronic Transmittal Confirmation, Release and Hold Harmless Agreement and understand its terms. I have executed this instrument voluntarily and with full knowledge of its significance.

DATE

SIGNATURE

NOTARIZATION FORM

NAME

State of _____

ADDRESS

County of _____

CITY / STATE / ZIP

On this, the _____ day of _____, 20 _____

PHONE NUMBER

before me _____, the undersigned

notary public personally appeared _____,

known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I herewith set my hand and official seal.

Notary Public

My commission expires on

*COMPLETED WHEN NOTARY PUBLIC IS NOT PERMITTED BY LAW	
_____ WITNESS SIGNATURE	
_____ WITNESS NAME	
_____ WITNESS ADDRESS	
_____ CITY / STATE / ZIP	
_____ PHONE NUMBER	

**THIS FORM MUST BE NOTARIZED
THE NAME, ADDRESS AND PONE NUMBER MUST BE PROVIDED WHERE INDICATED ABOVE.**



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THIS IS A LEGAL DOCUMENT, IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL
READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I the undersigned (Authorizing Agent) hereby certify that I am the legal custodian of the herein named deceased, having full legal authority to authorize the cremation, processing and disposition of the cremated remains of the deceased and request Peachtree Cremation, hereinafter referred to as PC, to provide cremation, processing and disposition of the deceased SS#
D.O.B. D.O.D. in accordance with and subject to (a) terms and conditions set forth in this form, (b) Company rules and regulations, (c) in accordance with the document which I have read entitled PC Policies, Procedures, and Requirements: (Reverse side of this document).

Initials of A.A:

IDENTIFICATION

Please initial one of the following:

A) I, the Authorizing Agent, have identified the human remains that were delivered to the funeral home as the decedent, and/or have approved those stated to do so prior to the cremation, and have authorized PC to proceed with the cremation.

Initials of A.A:

I, the Authorizing Agent, elect to waive the right to identify the decedent before authorizing PC to proceed with the cremation.

Initial of A.A:

PACEMAKER

B) Some types of implanted mechanical device(s) in the Deceased may create a hazardous condition when placed in a cremation chamber. The Crematory will not, therefore, cremate any human remains which contain any type of hazardous implanted/mechanical device(s) THE AUTHORIZED REPRESENTATIVES CERTIFY THAT THE REMAINS OF THE DECEASED () DO () DO NOT CONTAIN ANY TYPE OF HAZARDOUS IMPLANTED/MECHANIAL DEVICE. In the event the remains of the deceased do contain such a device, the Authorizing Agent hereby instructs the funeral home, its agents and employees, to contact the appropriate persons and secure the removal of any and all such implanted mechanical devices from the remains prior to commencement of the cremation process. The Authorizing Agent also agrees to indemnify the funeral home, its affiliates, and their agents and employees against loss from any and all claims, demands, or damages which may be made or declared against it to them by reason of the failure of the Authorizing Agent to timely disclose the existence of such implanted/mechanical device(s).

ALL PACEMAKERS MUST BE REMOVED AT FUNERAL HOME

Initials of A.A:

FINAL DISPOSITION

C) After the cremation has taken place and the cremated remains placed in the proper receptacle, PC will arrange for the disposition of the cremated remains, and the Authorizing Agent hereby authorizes PC to release, deliver or ship as follows: (In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to Authorizing Agent(s) by certified mail at the address given below. I agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 90 days after such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed remains of the Deceased in any lawful manner it may seem appropriate.

- 1) Deliver the cremated remains to the U.S. Postal Services for shipment by CERTIFIED, Return Receipt Mail to
2) Deliver to the Funeral Home within 5 days or special return by . If not completed we follow 5 day return.
3) Arrange for the disposition of the cremated remains by and at the discretion of PC. The authorizing Agent understands that if this option is selected that the final disposition will be in a common area designed for scattering, and the cremated remains of the decedent shall not be recoverable.
4) Other

Initials of A.A:

LIMITATION OF LIABILITY

As the Authorized Agent(s), I hereby agree to indemnify, defend and hold harmless PC and the Funeral Home, its officers, agents and employees, of and from any and all claims, demands, causes and causes of action, and suits of every kind, nature and description, in the law or equity, including any legal fees, costs and expenses of litigation arising as a result of, based upon or connected with authorization, including failure to identify the decedent or the human remains transported to PC, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, and damage due to hazardous/harmful implants that may explode. I hold harmless PC from any and all claims brought by any other person(s) claiming the right to control the disposition of the decedent's cremated remains, or any other action performed by PC, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful neglect.

Initials of A.A:

SIGNATURE OF AUTHORIZED AGENT(S)

By executing this cremation authorization form, as Authorized Agent, the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to authorize PC to cremate the human remains of the decedent and that the undersigned have read and understand the provisions contained on this form, both front and back.

Completed at _____, this _____ Day of _____, 20____
FUNERAL HOME CITY, STATE

Signature _____
AUTHORIZING AGENT PRINT NAME RELATIONSHIP TO DECEASED

Address _____ Tel No. _____

Signature _____
AUTHORIZING AGENT PRINT NAME RELATIONSHIP TO DECEASED

Address _____ Tel No. _____

*Page Two for additional signatures

SIGNATURE OF FUNERAL DIRECTOR AS WITNESS FOR SIGNATURES OF AUTHORIZING AGENT(S)



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 www.peachtreecremation.com

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below.

Reason for Embalming: _____ Embalming was done with the permission of the undersigned and their relationship: _____

If any law, cemetery, or crematory requirements have required the purchase of any of these items listed below, the law or requirement is explained below:

Date of Death: _____ Full Name of Deceased: _____
 Date of Agreement: _____ Cemetery/Crematory: _____

A. SERVICES SELECTED:

- Professional Services**
 Services of Funeral Director and Staff (Non-Declinable) \$ _____
 Embalming \$ _____
 Other Preparation of the Deceased \$ _____
 - Use of Facilities, Equipment and Staff**
 For Viewing, Visitation or Gathering \$ _____
 Ceremony at our Facility or Other Location \$ _____
 For Memorial Service at Our Facility or Other Location \$ _____
 For Graveside Service \$ _____
 - Use of Transportation Equipment and Staff**
 Transfer of Deceased to Funeral Home \$ _____
 Funeral Coach to Final Destination \$ _____
 Family Sedan \$ _____
 Service Vehicle \$ _____
 Additional Mileage: \$ _____
 (Add _____ for each mile outside a 50 mile radius)
 - Other Services**
 \$ _____
 \$ _____
 \$ _____
- TOTAL OF SERVICES SELECTED** \$ _____

B. MERCHANDISE SELECTED:

- Casket or Other Container Co. _____ \$ _____
 Name/No. _____
 Material _____ Color _____
- Other Burial Container Co. _____ \$ _____
 Name/No. _____
 Material _____ Color _____
- Memorial Stationery Collection _____ \$ _____
 Name _____
 Verse or Picture _____
- Cremation Urn Co. _____ \$ _____
 Name/No. _____
 Material _____

- Extra DVD Tribute @ _____ each \$ _____
 Extra Portrait @ _____ each \$ _____
 SUBTOTAL OF MERCHANDISE SELECTED \$ _____
 PACKAGE SAVINGS \$ _____
TOTAL OF MERCHANDISE SELECTED ... \$ _____

C. CASH ADVANCES/THIRD PARTY EXPENSES:

- We charge you for our services in obtaining those items designated with an asterisk.
- Opening / Closing of Gravesite \$ _____
 Atlanta Journal Constitution \$ _____
 Gwinnett Daily Post \$ _____
 Other Newspapers \$ _____
 Death Certificates: _____ Copies @ \$ _____ each \$ _____
 Death Certificate Fee \$ _____
 Clergy (\$) \$ _____
 Musician (s) \$ _____
 Hairdresser \$ _____
 Motor Escort \$ _____
 Servicing of Gravesite \$ _____
 Transportation \$ _____
 Cremation Fee \$ _____
 Other \$ _____
- TOTAL OF CASH ADVANCES/THIRD PARTY EXPENSES** \$ _____

D. ALLOWANCES:

- Pre-Need Account:
 Services (\$ _____)
 Merchandise (\$ _____)
 Other Allowances: (\$ _____)
TOTAL OF ALLOWANCES (\$ _____)

E. SUMMARY OF CHARGES:

- Services \$ _____
 Merchandise \$ _____
 Sales Tax \$ _____
 Cash Advances/Third Party Expenses \$ _____
TOTAL OF FUNERAL GOODS AND SERVICES SELECTED (\$ _____)
 Total of Allowances (\$ _____)
 Payments made as of _____, 20____ (\$ _____)

BALANCE DUE \$ _____

DISCLAIMER OF WARRANTIES

Peachtree Cremation makes no warranties or representations concerning the products sold herein. The only warranties, expressed or implied, granted in connection with the products sold with this service, are the expressed written warranties, if any extended by the manufacturers thereof. Peachtree Cremation hereby expressly disclaims all warranties, expressed or implied, relating to all such products, including, but not limited to the implied

PAYMENT OPTIONS: Cash, Check, Credit/Debit Card and any combination of these choices:

- These expenses have been Pre-Funded. I/We will pay any unfunded amount upon completion of arrangements.
- I/We will pay in full the Total Amount Due upon completion of arrangements.
- I/We will assign the Funeral Home the proceeds of the Life Insurance on the life of the Deceased. I/We will pay any remaining balance upon completion of the arrangements.

PAYMENT TERMS: I/We, the undersigned, acknowledge that the foregoing statement has been read to/by me/us, and I/we acknowledge receipt of a completed copy. I/We, jointly and severally, assume responsibility for payment of the above charges, along with such additional services and/or items ordered by me/us, and I/we agree to the terms of payment described herein. I/We understand that any balance unpaid 30 days after the date of death is subject to an Interest Charge of 1 1/2% per month or 19.56% per year or the legal rate of interest, whichever is higher, to be applied monthly thereafter, and court costs, attorney fees and any other necessary collection fees up to 35% of the unpaid balance. The liability assumed hereby is in addition to the liability imposed by law upon the estate and others and shall not constitute a release thereof.

Executed this day _____ 20____ Account No. _____
FUNERAL HOME:
 Accepted for Funeral Home By: _____ License No. _____

PURCHASER: WITNESS the hand seal of the undersigned (who, if more than one, shall be jointly and severally liable hereunder), who acknowledge(s) receipt of a complete copy hereof. **THIS FINANCIAL ARRANGEMENT IS NOT WITH THE ESTATE OF THE DECEASED OR IT'S ADMINISTRATOR BUT RATHER WITH THE INDIVIDUAL(S) SIGNING THIS CONTRACT.**

(1) Signature (Buyer) _____ Home No. () _____ Work No. () _____
 Address _____ S.S. No. _____
 (2) Signature (Buyer) _____ Home No. () _____ Work No. () _____
 Address _____ S.S. No. _____