



No. _____
Date _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

Legacy Cremation of Idaho LLC, an Idaho limited liability company d/b/a Bella Vida Funeral Home (“**Bella Vida**,” “**we**,” or other words of like meaning) requires that this Authorization for Cremation and Disposition (“Authorization”) be completed and signed prior to the cremation. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** It is important that you, as the authorizing agent as identified in Section 5.A. (“**Authorizing Agent**,” “**you**,” or other words of like meaning) understand the cremation process that is described in Section 5.B. of this Authorization prior to signing it. We want you to fully understand the information provided in this Authorization, so we will be pleased to answer any questions about the cremation process or other questions that you may have.

THIS AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF BELLA VIDA.

1. DECEASED INFORMATION

A. IDENTIFICATION

Name of Decedent: _____ (“**Decedent**”) Date of Death: _____ Time: _____
Place of Death: _____ Sex: M ___ F ___ Age: _____ DOB: _____ SSN: _____

- _____
(Initials) The Authorizing Agent has viewed the remains and positively identified them as that of the Decedent; OR
- _____
(Initials) The personal representative of the Authorizing Agent has viewed the remains and positively identified them as that of the Decedent; OR
- _____
(Initials) The Authorizing Agent has authorized Bella Vida to photograph the remains and the Authorizing Agent has positively identified and signed the photograph as that of the Decedent.

B. ARTIFICIAL DEVICES

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any Artificial Devices implanted in or attached to Deceased or identify if the Deceased was treated with any Radioactive Materials. Description of Devices: _____

- _____
(Initials) The remains of the Decedent do not contain any of the Devices described in Section 1.B. on the reverse side; OR
- _____
(Initials) As Authorizing Agent, I/we instruct Bella Vida to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, Bella Vida is to dispose of all such Devices. In any manner it sees fit and at any time. Manner of disposal of devices: _____

C. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to Bella Vida, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by Bella Vida, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/we release Bella Vida from liability for these items.

Items to be delivered to Authorizing Agent or Designee: _____

2. AUTHORIZATION

The Authorizing Agent authorizes Bella Vida set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

3. CREMATION CONTAINER AND URN

A. CREMATION CONTAINER

Bella Vida’s cremation center requires the remains of Deceased be in a suitable container for cremation. Bella Vida requires a combustible cremation container. If Bella Vida accepts a non-combustible container, Bella Vida is authorized to dispose of the container in any way it sees fit.

Type of Container Selected: _____ or

Standard cardboard temporary container provided by Bella Vida.

B. URN

An urn to hold the cremated remains may be purchased or provided by the Authorizing Agent but an urn is not required. If an urn is not purchased or provided, the cremated remains will be delivered in a rigid temporary container.

Urn purchased by Authorizing Agent. Description of urn: _____

Urn provided by Authorizing Agent. Description of urn: _____

Standard black plastic temporary container provided by Bella Vida.

4. MULTIPLE CREMATIONS, WITNESS, SERVICE, AND TIME

A. MULTIPLE CREMATIONS

(Initials) As Authorizing Agent, I authorize the simultaneous cremation of the remains of the Decedent with the decedent named below. I certify that this multiple cremation meets the legal requirements set forth on the reverse side.
Name of Other Decedent: _____

B. WITNESSING

Some crematories may allow witnessing of the initial cremation process. As authorizing agent I allow:

(Initials) No witnesses; OR

(Initials) _____
(List of Witnesses) (Witnesses must sign individual Cremation Witness Acknowledgment)

C. SERVICES

Prior to the cremation of the Decedent's remains, a visitation and/or funeral ceremony was arranged as set forth below:

Date(s): _____ Time(s) _____ Place of Ceremonies: _____

D. TIME

The cremation of the Decedent's remains cannot take place until all legal requirements including a waiting period have been fulfilled. If the remains are not embalmed and if the cremation is not to occur immediately upon delivery of the remains to Bella Vida, Bella Vida will place the remains in a refrigerated facility for which there may be a daily charge as stated in the General Price List.

Decedent's remains: are to be embalmed. are not to be embalmed.

Please initial one of the following:

(Initials) Bella Vida may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without any further notification to the Authorizing Agent.

OR

(Initials) Bella Vida is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:
Date: _____ Time: _____

5. AUTHORIZATION

A. AGENT

As Authorizing Agent, I/We represent that I/We have the right to authorize the cremation of the Decedent's remains and warrant:

(Initials) As Authorizing Agent, I/we have filled in Section 5.A. I/We understand that any living person who meets the qualifications of any level above or equal to the one I/we filled in would have a **superior or equal** right to act as the Authorizing Agent. I/We do not have actual knowledge of the existence of any living person who has a **superior or equal** right to act as the Authorizing Agent.

Name of Authorizing Agent	Address	Telephone	Relationship*

*See notes to 5. A. on reverse side.

B. CREMATION PROCESS

(Initials) As Authorizing Agent, I/we have read and understand the description of the cremation process contained in Section 5.B. on the reverse side and authorize the cremation, processing and pulverization of the remains of the Decedent.

6. FINAL DISPOSITION

Cremated remains shall only be released, mailed or disposed of by Bella Vida in a dignified manner, in accordance with the law, and with the express written consent of the Authorizing Agent.

(Initials) Bella Vida will mail (register-return receipt) the cremated remains to the name and address listed below for:
 personal disposition, inurnment, interment, or scattering.

(Initials) The cremated remains will be held by Bella Vida for pick-up, and Bella Vida is authorized to release the cremated remains to name and address listed below:
Name (Designee): _____ Relationship: _____
Address: _____

(Initials) Other Method of Disposition (Describe): _____

7. CERTIFICATION AND INDEMNIFICATION

I/We have the right and hereby authorize the cremation of the Deceased and the disposition of the cremated remains pursuant to Bella Vida's regulations and the instructions on this Authorization. I/We agree to release and indemnify Bella Vida and its officers, directors, agents and employees, from any claim, liability, cost or expense resulting from Bella Vida's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We release Bella Vida from liability for the cremated remains upon delivery to a reputable common carrier. I/We agree that Bella Vida's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid to Bella Vida by me/us. I/We warrant that all representations and statements contained in this Authorization are true and correct. These statements are being relied upon by Bella Vida. I/We have read and understood all pages of this document.

This authorization for cremation and disposition was executed at _____, this _____ day of _____, 20____.

Signature of Authorizing Agent: _____
Signature of Authorizing Agent: _____
Signature of Authorizing Agent: _____
Signature of Authorizing Agent: _____
Signature of Authorizing Agent: _____
Witness*: _____

*If a Funeral Director witnesses the execution of this Authorization by the Authorizing Agent, the Funeral Director verifies the accuracy of the identity of the Decedent and the representation that a Burial Permit or Burial Transit Permit authorizing the cremation of the Decedent's remains has been obtained.

8. RECEIPT OF CREMATED REMAINS

DO NOT SIGN UNTIL CREMATED REMAINS ARE RELEASED

Printed name(s) of person(s) receiving cremated remains: _____

Name of Deceased: _____ Date of receipt: _____, 20____
Description of urn: _____ Time of receipt: _____ am/pm

I/We acknowledge receipt of the cremated remains of Deceased and assume responsibility for the disposition of the cremated remains.

Signature(s): _____ Print _____

Printed name of Bella Vida representative: _____ Signature: _____

9. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs Bella Vida to undertake the actions set forth on the reverse side to arrange the final disposition of the cremated remains of the Decedent. Cremated remains shall only be released, delivered, mailed or disposed of in a dignified manner, in accordance with the law, and with expressed written consent of the Authorizing Agent. If the cremated remains are shipped at any time, the Authorizing Agent directs that Bella Vida utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, Bella Vida shall hold the cremated remains for thirty (30) days after cremation. If during that thirty (30) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then Bella Vida will return the cremated remains the Authorizing Agent at the address listed in Section 6.

In the alternative, if no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than Bella Vida, then Bella Vida may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse Bella Vida immediately upon receipt of an invoice.