

**ROOSEVELT MEMORIAL PARK ASSOCIATION  
CREMATION AUTHORIZATION AND DISPOSITION**

No cremation or interment shall take place until a written authority along with a completed Application and Permit for Disposition of Human Remains signed by the authorized representative(s) of the deceased have been given to the cemetery authority. (Section 7100, Health and Safety Code).

The undersigned requests and authorizes Roosevelt Memorial Park Association, in accordance with and subject to its rules and regulations and the appropriate sections of the California Health and Safety Code, to cremate and process in a manner suitable for interment the remains of:

\_\_\_\_\_ Gender: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_

Delivered in a \_\_\_\_\_ container.

I/We represent and warrant to you that I/We are the person(s) having the right to control the disposition of remains of the decedent.

I/We have the right because I/We am/are: (Initial one)

\_\_\_\_\_ Self  
\_\_\_\_\_ The \_\_\_\_\_ (state relationship) of decedent  
\_\_\_\_\_ Number of Children  
\_\_\_\_\_ Acting as the agent of \_\_\_\_\_ (state name of next of kin)  
\_\_\_\_\_ Funeral Director/Cemetery Authority

I make this declaration to induce you to cremate the above named decedent and agree to hold you harmless from any claims which may result from the use of this declaration. Further, I acknowledge the following: "A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code."

I do hereby give this explicit authorization to Roosevelt Memorial Park Crematory (the "Crematory") to provide the following services, to wit I agree to pay the usual and customary fees.

- \_\_\_\_\_ 1) I/We hereby acknowledge that I/We are responsible for the removal of any jewelry or mementos from the deceased before cremation.
- \_\_\_\_\_ 2) I/We understand that items such as personal mementos, jewelry, dental appliances or dental gold/silver, metal prosthesis or implants, hinges, latches, nails, screws, staples, plates and any other foreign material placed in the cremation container with the Decedent and cremated will either be destroyed or rendered unrecognizable. Crematory may dispose of any non-combustible items such as metal prosthesis or implant for the purpose of re-incinerating the item at a higher temperature in order to complete full destruction of the implant to necessitate the recycling of the metallic alloys. All proceeds from recycling are donated to a local charitable organization.
- \_\_\_\_\_ 3) The crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container and which is labeled with the identity of the decedent. (Section 7006.5, Health and Safety Code.) I authorize the Crematory to remove and dispose of handles, ornaments and all other non-combustible material of the cremation container.

**IMPLANTS, MECHANICAL & RADIOACTIVE DEVICES, DANGEROUS ARTIFACTS:**

Mechanical or radioactive devices, such as pacemakers and insulin pumps may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

- \_\_\_\_\_ 4) I certify that the remains of the Decedent do not contain a mechanical device or that I have arranged for their removal and disposal prior to delivery to the Crematory
- \_\_\_\_\_ 5) I certify that the container of the Decedent does not contain any bullets, bottles, cans or other dangerous artifacts.

I/We further acknowledge that "The Human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature, and as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea." (Section 7054.7 of the California Health and Safety Code)

\_\_\_\_\_ I acknowledge my understanding that this is page 1 of a 2 page cremation authorization

I acknowledge my understanding that this is page 2 of a 2 page cremation authorization

DISPOSITION: I authorize you to take the action I/We have indicated below with respect to the decedent's cremated remains.

6) Release the remains to: \_\_\_\_\_  
For the following disposition: \_\_\_\_\_  
Place cremated remains in a \_\_\_\_\_ urn.

I/We warrant that all statements and representations are true and correct and that I/We have read and understand the provisions contained in this document. This is your authority to make disposition of the remains as above indicated, and I/We assume full responsibility for their identity whether or not I/We viewed the remains. In the event such remains have not been permanently interred or picked up by me or my agent designated for said purpose within ninety (90) days of the date of death, they shall be considered abandoned by me. Roosevelt Memorial Park Association is authorized to dispose of them in any legal manner. I/We hereby agree to indemnify, release and hold Roosevelt Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees and assigns harmless from any and all loss, damages, liability or causes of action (including) attorney's fees and expenses of litigation) in connection and disposition of the cremated remains of the deceased. I understand that Roosevelt Memorial Park Association cremations services responsibilities are limited to the performance of the cremation of the deceased, herein named.

**"FOR MORE INFORMATION ON CEMETERY AND CREMATION MATTERS, CONTACT THE DEPARTMENT OF CONSUMER AFFAIRS, 1625 NORTH MARKET BLVD., SUITE S-208, SACRAMENTO, CA 95834 (916) 574-7870"**

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Relationship  
FUNERAL DIRECTOR  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
City and State

I.D. NUMBER \_\_\_\_\_  
\_\_\_\_\_  
Signature of Director in Charge

**CREMATORY LICENSE NUMBER 172**

**CREMATION NO:** \_\_\_\_\_

**TOTAL CHARGES DUE: \$** \_\_\_\_\_

**RETURN WHITE AND YELLOW COPY TO THE CEMETERY**

**DATE** \_\_\_\_\_