

**Gateway Crematory CR-297  
1410 S. Acacia Ave. #D Fullerton, CA 92831  
(714) 535-3715**

**Authorization for Cremation and Disposition of Human Remains**

[Note: This is an important legal document which you should read carefully before signing.]

If you have any questions please ask your funeral Counselor and or,

"For more information on Funeral, Ceremony, and Cremation matters, contact:

**Department of Consumer Affairs Cemetery and Funeral Bureau, 1625 North Market Blvd. Suite S-208 Sacramento, CA  
95834  
(916) 574-7870"**

The Cremation Process is performed according to California Law. There can be no Allowance for ethnic or religious variation. Subject to the rules and regulations of Gateway Crematory and any applicable Federal, State, Local Laws, or Ordinances the undersigned hereby certifies, warrants and represents that I/We have the full legal right and authority to authorize Gateway Crematory (hereafter the "Crematory") to perform the cremation of the remains of:

\_\_\_\_\_ [FIRST NAME]

\_\_\_\_\_ [MIDDLE NAME]

\_\_\_\_\_ [LAST NAME]

\_\_\_\_\_ Approximate Weight \_\_\_\_\_

\_\_\_\_\_ [Decedents Usual Address]

(Hereafter the "Deceased/Decedent"), and to arrange final disposition of the cremated remains as follows:

Place of Final Disposition \_\_\_\_\_

I hereby **DECLINE** to View the Decedent at the Crematory; **INITIAL** \_\_\_\_\_

I **REQUEST** a Viewing of the Decedent at the Crematory; Date/Time \_\_\_\_\_ ; **INITIAL** \_\_\_\_\_

ID Viewing or Witness the insertion into the cremation chamber (Circle One)

Funeral Home handling the arrangements: \_\_\_\_\_  
(Hereafter the Funeral Home)

**Casket/Containers:** Gateway requires either a casket or alternative cremation container. All caskets and alternative containers must meet the following standards: 1) be composed of combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for health and safety of Crematory personal. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, the Crematory may contact the Funeral Home directly for instructions. Metal, Plastic, Fiberglass Caskets or Cremation Containers will not be allowed to be cremated. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items in any lawful manner it deems appropriate. These may include, but not limited to hinge, handles, latches, etc. In the event the urn or other container is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle (plastic urn) at no charge. The receptacle (plastic urn) will be kept with the primary receptacle and handled according to the disposition on this form.

**Casket or Cremation Container Selected** \_\_\_\_\_ / **Urn Selected** \_\_\_\_\_

**Pacemaker, Prostheses, and Radioactive Devices:** Pacemakers and prostheses, as well as any mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that such items be removed prior to cremation. If the Crematory is not notified of these devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be held responsible for any damages caused to Gateway Crematory personnel or equipment by such devices or implants. By initialing this paragraph, I/We give permission to the Crematory, Funeral Home, or Staff to remove the surgical hardware as referenced above prior to cremation. The Funeral Home and or the Crematory are authorized to dispose of the device(s) as deem appropriate.

**Pacemaker; YES OR NO (Circle One) **INITIAL**** \_\_\_\_\_

Deceased: \_\_\_\_\_

**The Cremation Process:**

The Human body burns with the casket, container, or other materials in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result 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 that disintegration chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with State Laws. The acknowledgement shall be filed and retained, for at least five years, by the person who disposes of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold or silver, or jewelry (as well as and body prostheses or dental bridgework) that are left with the Decedent and are not removed from the casket or cremation container prior to cremation may be destroyed and become non-recoverable, or if not destroyed, they will be handled by the Crematory in accordance with the instructions on the authorization. If you desire to save such items, the Authorizing Agent must make arrangements to remove any such possessions or valuables prior to cremation. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, body prostheses, and materials from the casket or containers such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection. Unless specifically requested to return such items in writing, the Crematory is authorized to dispose of these materials with similar materials from other cremation in a non-recoverable manner, so that only the human bone fragments will remain. There may be small non-combustible material the operator may not visibly see and be placed in the urn with the human bone fragments. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragment. After the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing particles unrecognizable as human remains, prior to placement into the designated container.

**(INITIAL)** \_\_\_\_\_

**DISPOSITION OF CREMATED REMAINS**

I/We authorize the Crematory to release the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligation of the Crematory shall be fulfilled when the cremated remains of the Decedent are released to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the Decedent as stated below. I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 20 days from the date of cremation, The Funeral Home is authorized to lawfully dispose of the unclaimed cremated remains pursuant to statutes. : **(Choose One)**

**(INITIAL)** \_\_\_\_\_ Deliver said cremated remains to: \_\_\_\_\_

**(INITIAL)** \_\_\_\_\_ I appoint the Funeral Home as my agent to make shipment of said cremated remains via the U.S. Postal Service, I understand that the Funeral Home assumes No responsibility after delivery.

**SHIP TO:** \_\_\_\_\_

**(INITIAL)** \_\_\_\_\_ **RELEASE TO:** \_\_\_\_\_

**Authorizing Agent:** An Authorizing Agent is the person(s) having the right to control the disposition of the Decedent pursuant to Health and Safety Code Sec. 7100.1.) Decedent, 2) An Agent under power of attorney for Health care, 3) Spouse or Registered Domestic Partner, 4) Adult Children, 5) Parents, 6) Other surviving competent adult Kin. By signing this Authorization for Cremation and Disposition, I/We acknowledge and agree that I/We have read and understood every part of this Authorization, including the fact that the process of cremation is irreversible, and I/We nevertheless desire that the Deceased's remains be cremated in accordance with this authorization. I/We agree to indemnify, release and hold Gateway Crematory, The Funeral Home, Their affiliates, Employees and assigns, harmless from any and all losses, damages, cost or expense resulting from the Funeral Home's and Crematory's reliance on or performance consistent with directions, declaration, representation, authorization and agreements herein, including, but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent, and liability or causes of action in connection with the cremation and disposition of the cremated remains as authorized herein. I/We warrant that all representations and statements made herein are true and correct. I/We have either identified or waived my/our rights of identification of the Decedent that were delivered to the Funeral Home as the Decedent and I/We have authorized the Funeral Home to deliver the Decedent to the Crematory.

Executed at \_\_\_\_\_ on \_\_\_\_\_

**Signature of Authorized Agent:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_