

(A division of Generations Funeral Services & Crematorium Inc.)

Authorization

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	Contract			
Funeral Home File No.				

Cremation

Full Name of I	Deceased Sex						
Date	Date of Death of Deceased						
Date of Birth _	Place of Birth						
	ceased						
Name of Autho	orized Representative Responsible For Disposition						
Address of Aut	thorized Representative						
Relationship T	o The Deceased						
Phone Number	Of Authorized Representative						
1. (a)	I have been given the opportunity to personally identify the above named deceased.						
(b)	No identification was made and I hereby waive such identification.						
2. (a)	I have selected a casket/container for the purpose of cremating the body of the above named deceased person. Basic cardboard or						
2. (b)	I certify that the weight of the deceased is under 190 lbs. The weight of the deceased will be confirmed at the funeral home. If the weight is above 190 lbs, it will be necessary to use a wood support casket. I authorize an additional cost for this casket (\$210.) plus an additional fee of \$300 up to 300 lbs., and \$400 for a weight of +300 to 380 lbs. *this additional fee is for additional staff and to cover the additional time necessary to complete the cremation process.						
2. (c)	I have selected an urn/container for the purpose of holding the above named deceased cremated remains. Basic carton or						
3	The Crematory Operator makes every reasonable effort to remove all of the cremated remains but it is impossible to remove all of them, as some dust and other residue from the cremation process is always left in the cremation chamber. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles from previous cremations is a possibility. I, the authorized representative, understand and accept this fact.						
4	Unless contacted sooner, I understand that the cremated remains will be available 5 business days (excludes weekends and statutory holidays) from the time we receive the deceased <u>and</u> the doctors signed paperwork, at Simply Cremations & Funeral Service. If you require the remains earlier than this, a \$250. fee will apply.						

5				ovider, Crematory C eremation casket/con		or Funeral	Director, harmless for the
6. AU	UTHORIZATION						
	36 of the Funeral cremated remains Crematorium. I ag their officers and e disposition authori implanted Pacemal	Services Act of the above ree to indemn employees from ization. I also ker and/or Art	, General Gene	ral Regulation, to a deceased subject to hold harmless the (iability, costs, expery give permission to Limbs and dispose of	the Act, the Act, the Act, the Crematoriases or class the Funds from the Funds fr	the crema he regulat um and th ims result eral Servi ior to cren	1998" provisions of section tion and disposition of the ions and the By-laws of the e Funeral Service Provider, ing from this cremation and ce Provider to remove any nation.
		am liable for					damage to the crematorium. ace of any such device.
	PACEMAKER	YES	NO	REMOVED	YES	NO	
							Director Signature
	XSignature of Author						
	Signature of Author	orized Represe	entative				
	Copies of the legis	lative provision	ons men	ntioned in the Autho	rization a	re availabl	le upon request.
7. Fun	eral Director						
	I have explained the our compliance wi				above autl	norized re	presentative, and confirmed
	X Signature of Funer						
	Signature of Funer	al Director					Date
	X						
	Print Name of Fun	eral Director					Date
		<u>FOR</u>	<u>CRE</u>	MATORY US	SE ON	<u>LY</u>	
I have							on container as stated
Alberta	verified this crematic (Form 4). To the be	st of my abilit	y, I hav	ve confirmed the ide	ntity of th		Certificate For Cremation in d person.
	X Signature of Cremat						
	Signature of Cremat	orium Operat	or				Date
	X						
	Print Name of Crema	atorium Opera	tor				

THIS FORM MUST BE PROPERLY AND ENTIRELY COMPLETED PRIOR TO CREMATION.