

Sherwood Park
2008D Sherwood Drive
T8A 0Z1
Ph: 780-416-7864
Generations Funeral Services & Crematorium Inc.

cremation casket/container.

Edmonton
5224 99 Street NW
T6E 3N7
Ph: 780-465-6363
Generations Funeral Services & Crematorium Inc.

CREMATION AUTHORIZATION CONTRACT

	CONTRACT#
Full Name of Dec	ceased Gender
Date of Birth	Date of Death
Address of Dece	ased
Name of Authoriz	zed Representative Responsible For Disposition
Address of Autho	prized Representative
Relationship to th	ne Deceased
Phone Number o	f Authorized Representative
	Service Provider Simply Cremations & Funeral Services
	ral Service Provider5224 99 Street NW Edmonton, Alberta T6E 3N7
	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 certify that the weight of the deceased is lbs. The weight of the deceased will be confirmed at the funeral home If the weight is above 160 lbs, it will be necessary to use a wooden insert with the basic cardboard cremation container. Weight above 180 lbs. it will be necessary to use a plywood cremation container. *These containers are for the safe handling of the deceased and the safety of our staff*
(B)	I have selected a casket/container for the purpose of cremating the body of the above named deceased person. Basic cardboard container or
(C)	I have selected an urn/container for the purpose of holding the above named deceased cremated remains. Basic cardboard 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 five (5) business days from the time the deceased and the doctors signed paperwork is received at Simply Cremations & Funeral Services. If you require the remains earlier than this, a \$250.00 fee will apply.
5.	I hold the Funeral Service Provider, Crematory Operator or Funeral Director, harmless for the personal belongings left in the

6. Authorization

I, the undersigned certify that I have the right under "Alberta Regulation 226/1998" provisions of section 36 of the Funeral Services Act, General Regulation, to authorize the cremation and disposition of the cremated remains of the named deceased subject to the Act, the regulations and the by-laws of the Crematorium. I agree to indemnify and hold harmless the Crematorium and the Funeral Service Provider, their officers and employees from any liability, costs, expenses or claims resulting from this cremation and disposition authorization. I also hereby give permission to the Funeral Service Provider to remove any implanted pacemaker and/or artificial limbs and dispose of same prior to cremation.

Is there any surgically implanted device (pacemaker, etc) in the body or battery operated devices in/with the body? These devices will explode during the cremation process and cause damage to the crematorium. I understand that I am liable for any damage or injury if I fail to disclose presence of any such device. If yes, describe devices:

	PACEMAKER	YES	NO	REMOVED	YES	NO _			
							Director's Signature		
	V								
	Signature of Authorized Representative								
	Copies of the leg	islative pro	visions me	entioned in the Aut	norization a	ıre availabl	e upon request.		
7	Permission to trai	nsfer deceas	sed granted	to funeral home.					
8. Funeral	l Director								
	I have explained to compliance with the				ve authorize	ed represen	tative, and confirmed our		
	x								
	Signature	of Funeral	Director				Date		
	XPrint Nam	e of Funera	al Director						
	FOR CREMATORY USE ONLY								
	I, the undersigned confirm items 1 to 6 inclusive being filled in and completed.								
	I have placed the deceased into the crematorium chamber in the specified casket/container as stated in 2(A).								
	I have verified this Alberta (Form4). T	cremation a or the best o	authorizatio f my ability,	n to the burial permi I have confirmed th	t and Medica e identity of	al Examiner the decease	Certificate For Cremation in ed person		
	XSignature	of Cremato	orium Oper	ator			Date		
	XPrint Nam	e of Crema	torium Ope	erator					
	Cremation Numb	er		Date of	Cremation_				