

Date Cremation Received: \_\_\_\_\_

Date Of Cremation: \_\_\_\_\_

Cremation Number: \_\_\_\_\_

Person Performing Cremation: \_\_\_\_\_

BALLARD FAMILY MORTUARY-KAHULUI  
NORMAN'S MORTUARY-WAILUKU  
BALLARD FAMILY MORTUARY-HILO  
BALLARD FAMILY MORTUARY-KONA  
BALLARD FAMILY MOANALUA MORTUARY-OAHU

**CREMATION AUTHORIZATION FORM**

It is the policy of Ballard Family Crematory and / or any of its other locations to accept a decedent for cremation only after all of the following conditions have been met:

1. Civil and medical authorities have issued all required permits.
2. All necessary authorizations have been obtained and no objections have been raised.
3. All pre-requisites by the State of Hawaii have taken place and any required forms are attached.

**IDENTIFICATION OF DECEASED**

**(Please PRINT all information on this form)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(City, State, Zip): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Location where death occurred: \_\_\_\_\_ Date of Death: \_\_\_\_\_

(City, County, State)

Did the decedent have any infection contagious disease? YES \_\_\_ NO \_\_\_

If yes, Please explain: \_\_\_\_\_

**Mechanical or radioactive devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber.**

Do the decedent's remains contain a pacemaker, prosthesis, radioactive implant, or any other device that could be explosive? YES \_\_\_ NO \_\_\_

Has the decedent been treated with therapeutic radio nuclides such as Strontium 89 or any other treatment that could result in residual radioactive material remaining as part of decedent's remains? YES \_\_\_ NO \_\_\_

If yes, what was the treatment? \_\_\_\_\_

Date treatment was last administered: \_\_\_\_\_

The decedent's remains will be identified before cremation can take place. The individual making the identification can be the authorizing agent (s), a family member, a friend, coroner, etc., who has personal knowledge of the deceased or the ability to make positive identification and who accepts any liability from such identification.

Name of individual making identification: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of individual making identification: \_\_\_\_\_

### CREMATION AUTHORIZATION

The person legally entitled to order the cremation of the decedent is the authorizing agent(s). The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in and the duties of disposition devolved upon the authorizing agent(s).

RELATIONSHIP OF AUTHORIZING AGENT(S) TO THE DECEDENT: (Check one that applies)

- \_\_\_\_\_ The surviving spouse of the decedent.
- \_\_\_\_\_ The surviving adult children of the decedent. Number of surviving adult children: \_\_\_\_\_
- \_\_\_\_\_ The surviving parents of the decedent. Number of surviving adult parents: \_\_\_\_\_
- \_\_\_\_\_ The surviving adult grandchildren of the decedent. Number of surviving adult grandchildren: \_\_\_\_\_
- \_\_\_\_\_ The surviving adult siblings of the decedent. Number of surviving adult siblings: \_\_\_\_\_
- \_\_\_\_\_ The next closest surviving adult relative of the decedent. Relationship: \_\_\_\_\_
- \_\_\_\_\_ In the absence of any of the above, a court order must be obtained. (A copy of the order must be attached).

The authorizing agent(s) shall carefully read and understand the following statements before signing this authorization.

The authorizing agent(s) shall complete the segment directing the final disposition of the cremated remains. The crematory will not conduct any cremation nor accept body for cremation unless it has a cremation authorization form signed by the authorizing agent(s).

1. All cremations are performed individually. It is unlawful to cremate the remains of more than one individual within the same cremation chamber at the same time.
2. The consumer may choose cremation without choosing embalming services. If the crematory does not have a refrigerator holding facility it cannot accept human remains for anything other than immediate cremation.
3. The consumer is not required to purchase a casket for the purpose of cremation. The crematory requires that the body of the deceased be delivered for cremation in a suitable container, which may be either a casket, or an alternative (cremation) container for cremation. If an alternative container is provided, it must meet the following standards:
  - 1.) Be composed of readily 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 strong enough to support the weight of the deceased. Cremator is authorized to inspect the casket or alternative container, including opening if necessary, and in the event there is a leakage, cremator may refuse to accept the decedent for the purpose of cremation or refrigeration.

Type of casket or alternative container selected: \_\_\_\_\_

4. Due to nature of the cremation process, any personal possessions or valuable materials, such as dental or gold jewelry (as well as any body prosthesis or dental bridgework) that are left with the decedent and not removed from the casket or alternative container prior to cremation will be destroyed or will otherwise not be recoverable unless authority to do so otherwise is specifically granted in writing. As the casket or alternative container will usually not be opened to remove valuables to allow for final viewing for any reason unless there is a leakage or damage, the authorizing agent(s) understands that arrangements must be made to remove any such possessions or valuables prior to the time the decedent is transported to the crematory.

5. Cremated remains shall not be contaminated (in so far as possible) with foreign material. All non-combustible materials (in so far as possible), such as dental bridgework and materials from the casket or alternative container such as hinges, latches, nails, etc. will be separated and removed by visible or magnetic selection and will be deposited of by the crematory from other cremations, in a non recoverable manner, so that only human bone fragments and organic ash, including both human remains and container remains, remain unless those objects are used for identification or as may be repaired by the authorizing agent(s). As the cremated remains often contain recognizable bone fragments, unless otherwise specified, after the bone fragments have been separated from the other material, they will mechanically processed (pulverized), which includes, crushing or grinding into granulate particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container. While every effort will be made to avoid commingling of cremations, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the authorizing agent(s) understands and accepts this fact.

**FINAL DISPOSITON**

Disposition shall be by: (please mark and complete the chosen disposition)

- \_\_\_ 1.) Interment: \_\_\_\_\_
- \_\_\_ 2.) Scattering in a scattering area or garden: \_\_\_\_\_
- \_\_\_ 3.) Scattering on private property with the permission of the owner: \_\_\_\_\_
- \_\_\_ 4.) Delivery either in person or by **Priority Mail Express** to: \_\_\_\_\_
- \_\_\_ 5.) Picked up at the crematory office by: \_\_\_\_\_

Mechanical or radioactive devices or implants in the decedent may create a hazardous condition if placed in a cremation chamber.

**ALL SUCH DEVICES MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO THE CREMATORY.**

**If any such device(s) exist, the authorizing agent(s) or the next class authorizing agent(s) must arrange for their removal prior to transferring the decedent to the crematory.**

Are there any people who wish to witness the casket or container being placed in the cremation chamber?

\_\_\_\_\_Yes \_\_\_\_\_No

SIGNED\_\_\_\_\_

The Crematory is authorized to perform the cremation upon receipt of the decedent at its discretion, and according to its own time schedule as work permits without obtaining any further authorizations or instructions.

\_\_\_\_\_Yes \_\_\_\_\_No

If no, please explain and complete the next section: \_\_\_\_\_

The cremation shall take place on \_\_\_\_\_(day) \_\_\_\_\_(date) \_\_\_\_\_(time)

If the metal casket is purchase and delivered to the crematory, the Authorizing Agent(s) understands and consents to the fact that the crematory, as its sole discretion, reserves the right to take any or all of the following steps to facilitate the cremation: to remove the casket lid prior to cremation, to prop the casket lid open during cremation, to cut an .additional opening to the casket. The Authorizing Agent(s) also understands and consents to the following, that the cremation of the remnants of the metal casket shall be manually or mechanically reduced in size so that it may be discarded in an economical manner with similar materials from other cremations and in a non-recoverable manner and that any metal salvage value will offset the cost involved.

After the cremated remains have been processed, they will be placed in the designated urn or container. The crematory will make a reasonable effort to put all of the cremated remains in the urn or container provided, with the exception to dust or other residue that may remain on the processing equipment. The crematory requires that any urn provided be resistant to deterioration and breakage and that in the case of an adult the urn be a minimum size of 200 cubic inches. In the event the urn or other selected container is insufficient for all of the cremated remains, they will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled accordingly to the disposition instructions on this form. Unless a suitable container is provided for the cremated remains, the crematory will place the cremated remains in a container designed for short-term use and not recommended for any type of shipment or permanent storage.

Size and type of urn or container: \_\_\_\_\_

The Authorizing Agent(s) understands that the service of the crematory have been fully completed when the cremated remains are delivered to funeral home, person or entity specified on this form. If the remains are to be delivered by registered mail, service of the crematory will have been fully completed when the cremated remains are to be delivered to the U.S. Postal Services for mailing: that further handling are the responsibility of U.S. Postal Services and that the crematory is only acting as an agent for accommodation in carrying out these instructions.

As the Authorizing Agent(s), I, We hereby agree to indemnify, defend, and hold harmless the crematory, its officers, agents and employees of and from and all claims, demands, causes of action, and suits of every kind, nature and descriptions, in law or equity, including and legal fees, costs and expenses and litigation, arising as a result of, based upon or connected with this authorization, including the failure of the authorizing agent(s) to properly identify the human remains transmitted to the crematory, mistake in processing, shipping, and final disposition of the decedent's cremated remains resulting from the authorization, the failure of the Authorizing Agent(s) or their designee to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants claims brought by any persons claiming the right to control the disposition of the decedent's remains, or any other action performed by the crematory, its officers, agents, employees pursuant to this authorization, exception only willful negligence in the part of the crematory.

**REPRESENTATION OF FUNERAL DIRECTOR**

By executing this authorization form as a funeral director and agent of the funeral home indicated, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorization Agent(s) for the cremation of the decedent and that we reviewed this authorization form with the authorizing agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form by the Authorizing Agent(s) are incorrect.
3. That the human remains delivered to the crematory and represented as the human remains on this form are in fact the human remains that were identified to our funeral home as the decedent.
4. That our funeral home obtained necessary permits authorizing the cremation of the decedent, and that those permits are attached.
5. That the representation contained above concerning the decedent's cause of death and regarding any infectious diseases are true.
6. That the representations contained above concerning a pace maker and any other material or implants that may be potentially hazardous are true.

Funeral Home Name, Address, & telephone Number: **BALLARD FAMILY MORTUARY-KAHULUI  
440 ALA MAKANI STREET  
KAHULUI, MAUI, HAWAII 96732  
(808) 871-7911**

Funeral Directors Signature \_\_\_\_\_

**SIGNATURE OF AUTHORIZING AGENT (S)**

By executing this cremation form, as authorizing agent(s) or the next class of authorizing agent(s) Durable Power of Attorney is attached, the undersigned warrants that all representations and statements contained on this form are true and correct, that these statements were made to induce the crematory to cremate the human remains of the decedent and the undersigned have read and understand the provisions contained on this form.

Executed at \_\_\_\_\_, this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Address: \_\_\_\_\_

City, County, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Address: \_\_\_\_\_

City, County, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Address: \_\_\_\_\_

City, County, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Address: \_\_\_\_\_

City, County, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SIGNATURE OF FUNERAL DIRECTOR OR OTHER INDIVIDUAL AS A WITNESS FOR SIGNATURES (S) OF AUTHORIZING AGENT (S)**

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Address: \_\_\_\_\_

City, County, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_