

LYCOMING CREMATION SERVICES, LLC

350 Spruce Street
Montoursville, PA 17754

telephone 570-368-8642
fax 570-368-2299

No. _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

(We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Lycoming Cremation Services, LLC, hereafter known as "Crematory", in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of _____ (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form.

(We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Crematory for cremation. Otherwise, I (We) have elected to waive the right to identify the human remains at the funeral home.

(We) have read the attached document entitled "Crematory Policies Procedures and Requirements," and hereby authorize Crematory to perform the cremation of the decedent in accordance with that document. (Reverse side of this document).

(Acknowledgement of prior 3 paragraphs) Initials of AA X

IDENTIFICATION

Date of Death _____ Time of Death _____ Coroner Authorization Received YES
Place of Death: City, Borough, Twp. _____ County _____ State _____
Sex _____ Race _____ Age _____

PACEMAKERS, PROSTHESIS, SILICON AND RADIOACTIVE IMPLANTS

Please initial one of the next two paragraphs

The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. They are safe to cremate. Initials of AA X

The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation.

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to Crematory.

Initials of AA X

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO CREMATORY.

TIME OF CREMATION

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

PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridge-work, eyeglasses and shoes, will be destroyed in the cremation process and, subsequent to cremation, discarded by the Crematory, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/we release the Funeral Home and Crematory from liability for these items.

Items, if any, to be delivered to A.A. or Designee: _____

Initials of AA X

FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, Crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes Crematory to release, deliver, transport, or ship the cremated remains as specified. Check one of the following:

- 1. _____ Deliver the cremated remains to _____ By (date and time) _____
- 2. _____ Release the cremated remains to the funeral home to be picked up within 10 days.
- 3. _____ Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to: _____ (or other specific instructions) _____

(If option three is selected, then I (We) agree to assume all liability that may arise from such shipment, and to indemnify and hold Crematory harmless from any and all claims that may arise from such shipment.

Initials of AA X

AUTHORITY OF AUTHORIZING AGENT

I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her _____ or that I otherwise serve (served) in capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state/province of _____, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Crematory, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to Crematory, the processing, shipping and final disposition of the decedent's cremated remains, the failure 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 other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENTS(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on both sides of this form.

Executed at _____ this _____ day of _____, 20 _____

Name _____ Relationship _____ Signature X

Address _____

Name _____ Relationship _____ Signature X

Name _____ Relationship _____ Signature X

Name _____ Relationship _____ Signature X

Name _____ Relationship _____ Signature X

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s) X

Name and Address of Funeral Home _____

POLICIES, PROCEDURES & REQUIREMENTS

LYCOMING CREMATION SERVICES, LLC

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of Lycoming Cremation Services, LLC.

The policies, procedures and requirements of Lycoming Cremation Services, LLC described herein are incorporated in our form, *Authorization For Cremation & Disposition* (the "Authorization Form"). We suggest you take the time to read this document carefully before executing the Authorization Form.

OUR REQUIREMENTS FOR CREMATION

Cremation will take place only after all the following conditions have been met.

- 1) Any scheduled ceremonies or viewings have been completed.
- 2) A minimum of 24 hours have transpired since the death occurred.
- 3) Civil and medical authorities have issued all required permits.
- 4) All necessary authorizations have been obtained, and no objections have been raised.
- 5) The decedent's remains have been identified by the next of kin, the Authorizing Agent or other legal authority.
- 6) The dimensions of Decedent can be safely accommodated by the crematory equipment. This requirement is at the discretion of the operator.

CASKETS/CONTAINERS

We require either a cremation casket or an alternative cremation container. All caskets and containers must meet the following standards: 1) be composed of 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 the health and safety of crematory personnel.

Many caskets that are comprised primarily of combustible material also contain some exterior parts, eg, decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. Crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

RESTRICTED CASKETS/CONTAINERS

No metal, fiberglass, or styrofoam caskets or any other type of containers for cremation that might damage the cremation chamber or affect air quality.

No plastic or rubber pouches.

PACEMAKERS, PROSTHESIS & RADIOACTIVE IMPLANTS

Pacemakers and prosthesis, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to Crematory or its crematory personnel by such devices or implants.

THE CREMATION PROCESS

All cremations are performed individually unless there is a specific request by the Authorizing Agent instructing to the contrary and for extenuating circumstances such as the simultaneous death of a parent and child. Crematory reserves the right to agree to or decline a special request by an Authorizing Agent.

All containers received at Lycoming Cremation Services, LLC will immediately upon arrival be labeled with an identification tag. This identification tag will be placed in the cremation unit during cremation, and then in the processing room upon completion of the cremation. The identification tag will be placed in or on the cremation urn.

Cremation is performed by placing the deceased in a cremation casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by Crematory. Arrangements must be made with Funeral Home to remove any such possessions or valuables prior to the time that the decedent is transferred to the crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds and usually measure in excess of 150 cubic inches in the case of an average size adult, are then raked, swept and then vacuumed from the cremation chamber. Crematory strives to remove 100% of the recoverable cremated remains from the cremation chamber, but it is impossible to remove some dust and other residue

ELECTRONIC SIGNATURES: *The parties acknowledge, consent, and agree that this Agreement may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions of an original signature.*

from the cremation chamber. While every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible and magnetic selection and will be disposed of by Crematory with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

URNS/CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container purchased or provided by the Authorizing Agent. Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment or in the cremation chamber. In the event the urn or container is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the instructions on the Authorization Form.

Lycoming Cremation Services, LLC requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urn or container be a minimum size of 200 cubic inches. If such an urn or container is not provided for the cremated remains, then Crematory or funeral home will place the cremated remains in a container designed for shipping or temporary storage.

FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs Crematory to undertake the expressed, written instructions set forth under DISPOSITION on the Authorization for Cremation & Disposition (the "Authorization Form").

LIMITATION OF LIABILITY

The obligations of Lycoming Cremation Services, LLC shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on the Authorization Form.

No Warranties Express or Implied are Made and Damages Shall be Limited to the Amount of the Cremation Fee Paid.

THE CREMATORY

Cremation consumers can be assured that the operational standards of the crematory adhere to the following:

CERTIFIED OPERATIONS: All cremations are performed under the auspices of an operator certified by CANA or another recognized authority.

INDIVIDUAL CREMATION: All cremations are performed individually unless there is a specific request by the Authorizing Agent instructing to the contrary for extenuating circumstances such as the simultaneous death of a parent and child. The crematory shall reserve the right to agree or decline a special request by an Authorizing Agent.

RECORDKEEPING: Records, logs and documentation are maintained in a clear, correct, organized and timely manner.

CLEANLINESS: The crematory will be maintained in a clean, orderly manner and ready for unannounced inspection at any time.

RECOVERING CREMATED REMAINS: After each and every cremation, manual means, such as brushing, and industry-specific mechanical means, such as vacuuming, will be employed to retrieve the cremated remains.

ANIMAL AND PETS: The crematory **will not** cremate animals or pets in a cremation chamber used for the cremation of human remains.

DISPOSITION OF CREMATED REMAINS: 100% of the cremated remains recovered from the cremation chamber and processing equipment shall be prepared for the disposition in the manner directed per the written instructions of the Authorizing Agent.

APPLICABLE LAW: The crematory and all assigned personnel will obey and operate in compliance with all laws, rules and regulations of any governmental authority with oversight or jurisdiction over the crematory.

CREMATORY PERSONNEL: The crematory will only employ individuals of integrity to operate the crematory, interact with the public, maintain records and engage in the recovery, handling and delivery of cremated remains.

EDUCATION AND TRAINING: The crematory is committed to providing initial training for its staff along with continuing education and certification.



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Phone: (570) 584-2981 • Fax: (570) 584-2390
Kenneth G. Thomas, Supervisor

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Phone: (570) 928-8594 • Fax: (570) 584-2390
Michael L. Hacker, Supervisor

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS IS A LEGAL DOCUMENT, IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY AND ASK THE FUNERAL DIRECTOR ANY QUESTIONS YOU MAY HAVE BEFORE SIGNING IT.

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request McCartney-Thomas Funeral Home, Inc., of Hughesville, Pennsylvania hereafter known as "Funeral Home" in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to arrange for the cremation of the human remains of _____ (the "Decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form. I (We) further authorize Funeral Home to deliver the Decedent to Lycoming Cremation Services, LLC, 350 Spruce Street, Montoursville, PA 17754 (the "Crematory") for cremation. When the Crematory is not in operation due to maintenance or other reasons, the Funeral Home or Crematory reserves the right to contract with another Pennsylvania crematory to perform the cremation.

Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____

IDENTIFICATION OF DECEDENT

Name of Decedent: _____ Date of Death: _____ Time of Death: _____

Place of Death: _____ Age: _____ Sex: _____

I (We) or our agent have had adequate and sufficient time and opportunity to properly identify the Decedent on _____ at _____, before final disposition of the Decedent. I (We) acknowledge there is no doubt or question about the identity of the Decedent that is in the custody of the Funeral Home.

If verification of the identity of the deceased was performed by means other than visual identification (e.g., photograph, scars, tattoos, etc.), specify the means used: _____

I (We) release and discharge the Funeral Home and agree to indemnify and hold harmless the Funeral Home, its affiliates, officers, directors, employees and agents from any and all liabilities, obligations, losses, damages, claims of mental or physical anguish, costs or expenses of any nature whatsoever relating to or arising out of the misidentification of the Decedent.

Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____

PACEMAKERS, IMPLANTS, PROSTHESES, MECHANICAL DEVICES, RADIOACTIVE IMPLANTS, etc.

These and other similar medical devices may create a hazardous condition when placed into a cremation chamber and subjected to heat and direct flame and must be removed prior to making delivery of the Decedent to the Crematory. If the presence of any such device is not disclosed, Authorizing Agent will be liable for damages to the Crematory and/or Crematory personnel. Please list any of these devices below:

Description: _____

_____ As Authorizing Agent, I (We) instruct the Funeral Home to remove or arrange for the removal and disposal of each device listed above as needed for cremation and acknowledges that a charge may be made for services in removing said devices.

OR

_____ The Decedent does not contain any of the devices/materials described above.

Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____

INFECTIOUS OR CONTAGIOUS DISEASE

The undersigned states that the Decedent _____ does OR _____ does not have an infectious or contagious disease. The undersigned acknowledge that if they do not notify the Funeral Home or Crematory about an infectious or contagious disease, the undersigned will be liable for any damages to the Funeral Home and Crematory and/or injury to Funeral Home and/or Crematory personnel.

Please list below any infectious or contagious disease present in the Decedent: _____

Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____

REMOVAL AND DISPOSITION WITHOUT EMBALMING

The undersigned does hereby direct and authorize the Funeral Home to remove and take possession of the Decedent and provide for the final disposition of Decedent by cremation. I (We) direct that no embalming be performed on the Decedent, but do authorize the Funeral Home to wash, disinfect, set features, cosmetize, remove facial hair and perform all other acts of preparation as the Funeral Home deems necessary for the health, safety and sanitation of the Funeral Home and/or Funeral Home personnel.

Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____

ARRANGEMENTS AFTER CREMATION

After the cremation has taken place, the cremated remains have been processed, and the processed cremated remains have been placed in the designated receptacle, I (We) direct McCartney-Thomas Funeral Home, Inc. hereafter known as "Funeral Home" to: **(Check one of the following)**

_____ Release the cremated remains to the following designated person:

Name: _____ Address: _____

Relationship: _____

_____ Arrange for burial of the remains, at the Authorizing Agents expense, at: _____

_____ Arrange for cremated remains to be transformed into Parting Stone solidified remains

I/We hereby authorize Funeral Home to transform the cremated remains of the Decedent into solidified remains "Stones" in accordance with the terms and conditions described in the Parting Stone Solidification Authorization form.

I/We certify that I/we hold full legal right and authority to control the transportation and final disposition of the cremation remains of Decedent and that the identity of the cremated remains is as stated above.

I/We agree that Funeral Home is not responsible for any loss or damage to cremated remains of Decedent that may occur during the transport of said cremated remains from point of origin to Parting Stone or transportation from Parting Stone to the final delivery address.

I understand that the cremated remains material varies and Funeral Home can neither guarantee a final product nor guarantee the appearance of the final product. Additionally, I/we understand that a small amount of Decedent's remains may not be returned due to the nature of the process. I agree to hold harmless and indemnify Funeral Home and its principals, employees, agents, and affiliates from any claims, demands or damages that may be made arising from the Parting Stone process and the product described and authorized herein.

I/We understand and agree that the Parting Stone solidification of the cremated remains of Decedent is a final and irrevocable act and that once complete the cremated remains will not be recoverable as the original cremated remains, but may be recoverable as solidified cremated remains.

Should the designated person indicated above, fail to arrange for or have delivered, the remains of the Decedent within 60 days immediately following the date of cremation, I (We) hereby authorize Funeral Home to provide for disposition of Decedent in any lawful manner at Authorizing Agents expense.

Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____

AUTHORITY OF AUTHORIZING AGENT

I (We), the undersigned, hereby certify that I (We) am/are the closest living next of kin of the decedent and that I (We) am/are related to the Decedent as his/her _____ or that I otherwise serve(d) in the capacity of _____ to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state of _____ to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I (We) am/are aware of no objection to this cremation by anyone with the primary right of disposition.

Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (We), hereby agree to indemnify, defend, and hold harmless the Funeral Home and/or Crematory, their officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law and equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the Decedent or the human remains transmitted to the Crematory, the processing, shipping, and final arrangements of the Decedent's cremated remains, the failure to take possession or make proper arrangements for the final arrangements of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by the Funeral Home and/or Crematory, it's officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. The obligations of the Crematory shall be limited to the cremation of the Decedent and the disposition of the Decedent's cremated remains as authorized on the Cremation Authorization Form. NO WARRANTIES EXPRESS OR IMPLIED ARE MADE AND DAMAGES SHALL BE LIMITED TO THE AMOUNT OF THE CREMATION FEE PAID TO CREMATORY.

Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____ Initials of AA: _____

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT, IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY AND ASK THE FUNERAL DIRECTOR ANY QUESTIONS YOU MAY HAVE BEFORE SIGNING IT.

ELECTRONIC SIGNATURES

THE PARTIES ACKNOWLEDGE, CONSENT, AND AGREE THAT THIS AGREEMENT MAY BE EXECUTED BY ELECTRONIC SIGNATURE, WHICH SHALL BE CONSIDERED AS AN ORIGINAL SIGNATURE FOR ALL PURPOSES AND SHALL HAVE THE SAME FORCE AND EFFECT AS AN ORIGINAL SIGNATURE. WITHOUT LIMITATION, "ELECTRONIC SIGNATURE" SHALL INCLUDE FAXED VERSIONS OF AN ORIGINAL SIGNATURE OR ELECTRONICALLY SCANNED AND TRANSMITTED VERSIONS OF AN ORIGINAL SIGNATURE.

Executed at _____ this _____ day of _____, 20__

Name: _____ Signature: _____

Relationship to Decedent: _____ Phone: _____

Address: _____

Name: _____ Signature: _____

Relationship to Decedent: _____ Phone: _____

Address: _____

Name: _____ Signature: _____

Relationship to Decedent: _____ Phone: _____

Address: _____

Name: _____ Signature: _____

Relationship to Decedent: _____ Phone: _____

Address: _____

Name: _____ Signature: _____

Relationship to Decedent: _____ Phone: _____

Address: _____

Name: _____ Signature: _____

Relationship to Decedent: _____ Phone: _____

Address: _____

Name: _____ Signature: _____

Relationship to Decedent: _____ Phone: _____

Address: _____

Name: _____ Signature: _____

Relationship to Decedent: _____ Phone: _____

Address: _____

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s)

Name of Funeral Home