

APPOINTMENT OF AGENT TO CARRY OUT DISPOSITION

1. PARTIES:

" **CREMATORY** " : Cremation Services of West Hawaii, LLC
(Name of Crematory)

" **REPRESENTATIVE** " : _____
(Name of person signing this form)

" **DECEDENT** " : _____
(Name of Decedent)

" **AGENT** " : _____
(Name of person being appointed to carry out disposition)

2. RELATIONSHIP OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents to the CREMATORY that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box).

Spouse

Child

Parents

Sibling

Other: _____

3. AUTHORITY OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents to the CREMATORY that the REPRESENTATIVE has a right to arrange and direct the disposition of the remains of the DECEDENT.

4. APPOINTMENT OF AGENT: The REPRESENTATIVE hereby appoints the AGENT to arrange and direct the disposition of the DECEDENT.

5. INDEMNIFICATION: The REPRESENTATIVE agrees to indemnify and hold harmless the CREMATORY from any claims or causes of action arising or related in any respect to this appointment of agent to carry out right of disposition or the CREMATORY's reliance thereon.

DATE _____

SIGNATURE OF REPRESENTATIVE

Address _____

City _____ State _____ Zip _____

Contact Phone #'s: _____

Please attach a copy of
Representative's Driver's
License or State ID here.

Please fill out form, print, sign, attach copy of identification, and fax to 808-329-6004.