

INSTRUCTIONS FOR COMPLETING FORMS

The attached forms are necessary for the prompt completion of the cremation. They require your signature and/or initials in several places. Each place where you need to initial or sign is marked.

Please remember that your signatures must be notarized if not witnessed by a Cremation Services of West Hawaii Representative. If you are uncertain where to obtain notary service, we suggest you check with your local bank, or local document service stores such as *The UPS Store, Mail Boxes Etc.*, or consult your local yellow pages.

After completing and signing the documents, they should be faxed to us at:

Fax (808) 329-6004

After faxing, it is very important that you send us the original papers promptly through the mail. Please mail to:

Cremation Services of West Hawaii
73-4177 Hulikoa Drive #1
Kailua-Kona, Hawaii 96740

We may not proceed with the cremation without these signed documents.

Please call us anytime if you have questions:

Telephone (808) 329-4500

CREMATION AND DISPOSITION AUTHORIZATION

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

I/We the undersigned certify and represent that I/We have full legal right and authority to authorize the cremation, processing and disposition of the remains of the Decedent listed below. I/We hereby request and authorize Cremation Services of West Hawaii, LLC ("the Crematory") to take possession of and make arrangement for the cremation of the remains of the Decedent at their Crematory in accordance with and subject to its rules and regulations listed in their Policies, Procedures and Requirements (see page 3).

(Please print all information
except signatures & initials)

IDENTIFICATION OF THE DECEDENT

Acknowledgement of above.
Initials of Authorizing Agent

Name of Decedent: _____ ("the Decedent") Sex: _____ Age: _____

Date of Birth: _____ Date of Death: _____ Place of Death: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS RECOMMENDED.

The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.

The Authorizing Agent has chosen not to positively identify the remains.

Acknowledgement of section.
Initials of Authorizing Agent

IDENTIFICATION OF THE AUTHORIZING AGENT

Name of Authorizing Agent: _____ Telephone: _____

Address: _____ Relationship: _____

AUTHORITY OF AUTHORIZING AGENT(S)

Authorization to cremate should be determined by the closest living next of kin to the Decedent.

I hereby certify that the Decedent left the following surviving heirs at law.

Acknowledgement of section.
Initials of Authorizing Agent

Spouse YES NO Name: _____

Children YES NO How Many _____ Name(s) _____

Parents YES NO Name(s): _____

Sibling(s) YES NO Name(s) _____

If all the responses are NO, the person(s) in the next degree of kinship to the Decedent is (are):

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation will be given below completed by the person(s) signing below as Authorizing Agent(s)

Separate Authorization(s), if necessary, shall be attached to and considered part of this form.

TIME OF CREMATION

The Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions. YES NO

If NO, then the cremation shall take place: Date _____, 20____. Time: _____ (AM/PM)

Witnesses: The following persons shall be notified about the above date and time and should/must be in attendance to witness the casket or other container being placed in the cremation chamber.

Acknowledgement of section.
Initials of Authorizing Agent

Name: _____ Phone: _____

Name: _____ Phone: _____

The Crematory does not normally allow anyone to witness the casket/container being placed in the cremation chamber, unless required to do so because of the religious practices of or special requests by the family. In such instances, the witnessing must be arranged and scheduled in advance and will be limited to a maximum of 10 witnesses. Additionally, a separate "Witness Authorization Form" must be signed by all of the designated witnesses and authorizing agents prior to the scheduled witnessing.

PROTECTION FOR CREMATORY STAFF & EQUIPMENT

Mechanical, silicone or radioactive devices implanted in the remains of the Decedent (such as pacemakers, defibrillators, etc.) may create a hazard when placed in the cremation chamber. The crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive devices. In the event the remains of the Decedent contain such a device, I/We hereby authorize the Crematory, its agents and employees, to arrange for such mechanical devices to be removed from the remains of the Decedent prior to cremation, and dispose of them at its discretion. I/We certify that the remains of the Decedent DO DO NOT contain any type of implanted mechanical, silicone or radioactive device. Listed below are all the implanted mechanical and radioactive devices which the Crematory is authorized to have removed from the remains of the Decedent prior to cremation and dispose of as indicated:

Device _____ Disposition _____
Device _____ Disposition _____

Acknowledgement of section. Initials of Authorizing Agent

If no instruction for disposition is given for items, the Crematory will use its own discretion for disposition.

FINAL DISPOSITION

Please select the method of final disposition of the cremated remains: Type of Urn: _____

- The Crematory will hold the cremated remains for pick up. The Crematory is authorized to release the cremated remains to: Name(s): _____ Telephone: _____
- Scattering at sea by the Cremation Service or Cremation Service's Agent
- Ship via United States Postal Service Registered Mail to: Name: _____ Address: _____ City/State/Zip _____

*Cremation Service is not responsible for any loss of or damage to cremated remains mailed via United States Postal Service. Cremated remains can only be sent via USPS Registered mail and is not an insurable item.

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I/We hereby agree to indemnify, defend and hold harmless Cremation Services of West Hawaii, LLC, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suit of every kind, nature and description, in law or equity, including but not limited to legal fees, costs and expenses of litigations, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the Decedent or the humans remains transported to Cremation Services of West Hawaii, LLC or its agents, the processing, shipping and final disposition of the Decedent's cremated remains, the failure to take possession or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or exploding 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 Cremation Services of West Hawaii, LLC its officers, agents or employees, pursuant to this authorization, whether done prior to, during, or subsequent to the actual cremation and/or disposition of the cremated remains of the Decedent, including, but not limited to, any delays in or damages arising from the transportation of the human remains or cremated remains of the Decedent and any unforeseen delays of the actual cremation, excepting only acts of willful negligence.

Acknowledgement of above. Initials of Authorizing Agent

SIGNATURE OF AUTHORIZING AGENT(S)

By executing this Cremation Authorization and Disposition Form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this form are true and correct, that these statements were made to induce Cremation Services of West Hawaii, LLC to cremate the human remains of the Decedent and that the undersigned have read and understand the provisions contained on this form.

THE "POLICIES, PROCEDURES AND REQUIREMENTS" ON PAGE 3 OF THIS FORM ARE A PART OF THIS AUTHORIZATION AS IF SET FORTH HERE.

Acknowledgement of statement at left. Initials of Authorizing Agent

Print Name: _____ Relation to Decedent: _____

Signature of Authorizing Agent _____ Date _____

Signature of Cremation Service Representative _____ Date _____

NOTARY (Required if document is not witnessed by the Cremation Service Representative)

The foregoing instrument was sworn to and subscribed before me this ____ day of _____, 20____ by _____ who is/are personally known to me or who has/have produced the following as identification: _____

Signature of person taking acknowledgement
Notary Seal (Rubber Stamp and Expiration)

POLICIES, PROCEDURES, & REQUIREMENTS
REQUIREMENTS FOR CREMATION

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

1. Any scheduled ceremonies or viewing have been completed.
2. Civil and medical authorities have issued all required permits.
3. All necessary authorizations have been obtained.
4. All fees for service, cremation, and mailing charges have been paid in advance.
5. No objections to this cremation by the closest living next of kin of the same degree of kinship.
6. Any valuables/personal belongings have been removed from the Decedent except those that are to be cremated with the Decedent.
7. Decedent & casket/container weighs less than 450 lbs.

CASKET/CONTAINERS

The Crematory requires either a wood casket or an alternative (cremation) container for cremation. No caskets/containers made of steel, synthetic materials, plastic, fiberglass, etc. are acceptable. All caskets and alternative 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; 5. be able to provide protection for the health and safety of crematory personnel. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other non-combustible material, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Crematory to make disposition of any such non-combustible container in any lawful manner it deems appropriate. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation.

PACEMAKERS & RADIOACTIVE DEVICES

Mechanical devices (Pacemakers), implants, and certain nuclear medicine residues in the Decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that Pacemakers and radioactive devices and implants be removed prior to cremation. If the Crematory 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 the Crematory or crematory personnel by such devices or implants.

THE CREMATION PROCESS

All cremations are performed individually. Exceptions are only made in the case of close relatives, and then only with the prior written instructions of the Authorizing Agent(s). Cremation is performed by placing the deceased in a casket or other container and then placing the casket or container into a cremation chamber, 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 propane 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 material) 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 if not destroyed, will be disposed of by the Crematory. The casket or container will not normally be opened by the Crematory (to remove valuables, allow for a final viewing, or for any other reason), arrangements must be made to remove any such possessions or valuables prior to the time that the Decedent is delivered to the Crematory. Following a cooling period, the cremated remains, which normally weigh several pounds in the case of an average size adult, are then swept or raked from the cremation chamber. The Crematory makes every reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremation 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 or magnetic selection and will be disposed of by the 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. The Crematory will make every 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. In the event of the urn or container provided 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 disposition instructions on this form. The Crematory requires that all urns or containers provided are 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 the Crematory will place the cremated remains in a plastic container not designed for shipping or permanent storage.

CREMATION AND/OR SERVICE CHARGES

All service, merchandise, cremation and mailing charges are payable in advance.

DISPOSITION

In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Crematory shall give written notice to the authorized agent by certified mail at the address given. In the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date written notification is mailed, the Crematory is authorized to dispose of the unclaimed remains of the Deceased in any manner deemed appropriate.