

Moser Funeral Home, Inc./Moser Crematory

233 Broadview Avenue • Warrenton, Virginia 20186-2418 • 540-347-3431 • 540-341-4611 fax

AUTHORIZATION FOR CREMATION AND DISPOSITION

The undersigned "Authorizing Agent" hereby authorize and request Moser Funeral Home and Crematory, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the remains of

_____ who died at _____
on _____ and arrange for the final disposition of the cremated remains as set forth below.

I (we) the undersigned, hereby certify that I am the closest next of kin to the decedent and that I am related to the decedent as

_____ or that I otherwise serve in the capacity of _____ for the decedent, that I have charge of the decedent and as such possess full legal authority and power 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.

The remains of the deceased will not be accepted by Moser Funeral Home and Crematory without proper identification. Remains received in a noncombustible container will be removed prior to cremation and the container destroyed in a manner as set forth by the Crematory. The undersigned understands that due to the nature of the cremation process, certain materials, including body prostheses, dental bridgework, dental fillings, or personal articles accompanying the remains will either be destroyed or will not be recoverable. The undersigned certify that all personal effects, including but not limited to jewelry, precious metals and other items of a personal nature have been removed prior to the delivery of the remains to Moser Funeral Home and Crematory and acknowledge that the Crematory shall not be held responsible for any personal effects received although every attempt is made to account for and identify personal effects. Remains and personal effects are cremated in a manner in which they are received.

Cremated remains consist primarily of bone fragments, which are reduced to permit their placement in an urn or other suitable container. The undersigned understand that, even with the exercise of reasonable care and the use of its best efforts, the Crematory may not be able to recover all the particles of the cremated remains of the deceased and some particles may inadvertently become commingled with particles of other cremated remains. Also the Crematory will make all reasonable efforts to remove all metallic objects from the cremated remains, but even with reasonable care, some metallic particles may not be removed.

The obligation of the Crematory shall be limited to the cremation of the deceased and the disposition of the cremated remains. I (We) hereby agree to indemnify, defend, and hold harmless Moser Funeral Home and Crematory, its officers, agents and employees from any and all claims, demands, causes of action, and suits of every nature and description, in lay or equity, including legal fees, costs, and expenses of litigation arising as a result of, based upon, or connected with this authorization, the failure to take possession or make proper arrangements for the final disposition of the cremated remains, any claims brought by any acts performed by Moser Funeral Home and Crematory, its agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENT

*Note: This is a legal document. It contains important provisions concerning cremation. By executing the Cremation Authorization as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this authorization are true and correct, that these statements were made to induce Moser Funeral Home and Crematory to cremate the human remains of the decedent, that the undersigned have all legal rights to make this authorization under the current laws of the state in which the authorization was executed, and the undersigned have read and understood the provisions of this form.

x _____
Authorizing Agent Date _____

x _____
Address _____

x _____

Relationship _____

Witness for authorizing agent: x _____ witness phone _____