

AUTHORIZATION TO MAIL CREMATED REMAINS

The undersigned, being the authorized agent or next of kin of _____, deceased, hereby authorizes the delivery of the cremated remains and container of said decedent by _____ (Crematory/Funeral Home) to the undersigned or designee via registered mail. In consideration of said crematory/funeral home delivering said cremated remains and container by registered mail instead of actual delivery to the undersigned or undersigned's designee in person, the undersigned agrees to assume all liability for any damages that may occur from any cause whatsoever arising out of said delivery to and mailing by the U.S. Postal Service. Upon delivery of said cremated remains and any container to the U.S. Postal Service by said crematory/funeral home, the undersigned shall be considered to have received the same, and all obligations of said crematory/funeral home to the undersigned shall cease at such immediate time, whether the cremated remains and container are actually received by the undersigned/designee or not. The undersigned agrees to personally indemnify and hold the said crematory/funeral home free and harmless from any liability, damages, attorney fees, costs, or other responsibility whatsoever if the cremated remains and/or container are lost, stolen, undeliverable, not delivered, or delivered in an unsatisfactory condition, in consideration for the crematory/funeral home mailing the same at the request of the undersigned and in lieu of the undersigned picking up said cremated remains in person. That the undersigned is fully aware of the uncertainty and the risks involved that exist when sending items by mail, and, knowing same, the undersigned still requests the mailing by said crematory/funeral home of said cremated remains and container, and assumes all risks involved due to such mailing of said cremated remains and container.

DATED this _____ day of _____, 20 _____.

Signature	Printed Name	Relationship to Decedent
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Address – Street	City, State, Zip Code	Phone
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Signature	Printed Name	Relationship to Decedent
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Address – Street	City, State, Zip Code	Phone
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In behalf of _____ (Crematory/Funeral Home), I accept the terms of this authorization and agree to so mail the cremated remains and container of the said decedent.

Authorized Signer