

SIMPLY CREMATIONS & FUNERAL SERVICES™

Sherwood Park
2008D Sherwood Drive
T8A 0Z1
Ph: 780-416-7864
Generations Funeral Services & Crematorium Inc.

Edmonton
5224 99 Street NW
T6E 3N7
Ph: 780-465-6363
Generations Funeral Services & Crematorium Inc.

CREMATION AUTHORIZATION CONTRACT

CONTRACT # _____

Full Name of Deceased _____ Gender _____

Date of Birth _____ Date of Death _____

Address of Deceased _____

Name of Authorized Representative Responsible For Disposition _____

Address of Authorized Representative _____

Relationship to the Deceased _____

Phone Number of Authorized Representative _____

Name of Funeral Service Provider _____ **Simply Cremations & Funeral Services**

Address of Funeral Service Provider _____ **5224 99 Street NW Edmonton, Alberta T6E 3N7**

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1. (A) _____ I have been given the opportunity to personally identify the above named deceased.

(B) _____ No Identification was made and I hereby waive such identification.

 2. (A) _____ I certify that the weight of the deceased is _____ lbs. The weight of the deceased will be confirmed at the funeral home. If the weight is above **160 lbs**, it will be necessary to use a wooden insert with the basic cardboard cremation container. Weight above **180 lbs**, it will be necessary to use a plywood cremation container. *These containers are for the safe handling of the deceased and the safety of our staff*

(B) _____ I have selected a casket/container for the purpose of cremating the body of the above named deceased person.
Basic cardboard container _____ or _____

 - (C) _____ I have selected an urn/container for the purpose of holding the above named deceased cremated remains.
Basic cardboard carton _____ or _____

 3. _____ The Crematory Operator makes every reasonable effort to remove all of the cremated remains but it is impossible to remove all of them, as some dust and other residue from the cremation process is always left in the cremation chamber. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles from previous cremations is a possibility. I, the authorized representative, understand and accept this fact.

 4. _____ Unless contacted sooner, I understand that the cremated remains will be available **five (5) business days from the time the deceased and the doctors signed paperwork is received** at Simply Cremations & Funeral Services. If you require the remains earlier than this, a \$250.00 fee will apply.

 5. _____ I hold the Funeral Service Provider, Crematory Operator or Funeral Director, harmless for the personal belongings left in the cremation casket/container.

