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LifeQuest Anatomical Office Use Only
Date of Death:
State Death occurred in:

CREMATION AUTHORIZATION FORM

PLEASE READ COMPLETELY BEFORE SIGNING

This cremation authorization is for _____ whose date of birth is _____.
Name of Donor / Decedent

By completing this cremation authorization form I hereby authorize LifeQuest Anatomical, LLC in accordance with and subject to the rules and regulations within the State of Pennsylvania for LifeQuest Anatomical, LLC to arrange with;

_____ (The Crematory) to perform the cremation.
(to be filled in by LifeQuest Anatomical, LLC)

I hereby agree to indemnify and hold harmless, LifeQuest Anatomical, LLC and the Crematory, its officers, directors, agents and employees from any claim, liability cost or expense resulting from the reliance on or the performance consistent with the direction, declaration, representation authorization and agreement herein, including but not limited to claims brought by other persons claiming the right to control the disposition of the donor/decedent or the donor's/decedent's cremated remains.

I hereby state that I am the donor or the closest living next of kin of the donor/decedent, or are otherwise empowered and have authorization to complete this cremation authorization and direct the disposition of the donor / decedent's cremated remains.

My initials state that I am:

- Self / Donor to be
Spouse of the donor / decedent
Son or Daughter at least 18 years of age, of the donor / decedent, without any of the previous next of kin listed previously still living or capable to sign this form.
Either Parent of the donor / decedent without any of the previous next of kin listed previously still living or capable to sign this form.
Brother or Sister of the donor / decedent, without any of the previous next of kin listed previously still living or capable to sign this form.
An individual in the next degree of kindred to the donor / decedent without any of the previous next of kin listed previously still living or capable to sign this form.
Legal authority, please list _____
You must supply proper documentation to verify this authority.

Cremation Information

Because of the cremation process, any personal possessions such as jewelry, clothes or other valuable materials that are left with the decedent will be destroyed. It is understood that these items will not be recoverable. Any kind of prosthesis, like hip joints or surgical pins, etc. will be disposed of after the cremation process.

CREMATION AUTHORIZATION FORM continued for; _____

(Name of Donor / Decedent)

Mechanical Devices Alert

By initialing here I hereby authorize LifeQuest Anatomical, LLC to remove any mechanical devices from the donor / decedent like a pacemaker, insulin pump, etc. prior to the cremation process. Please initial even if you do not currently have an implanted mechanical device.

Initial Here _____

Directions for Disposition of the Cremated Remains

By placing my initials next to my ONE choice I hereby direct LifeQuest Anatomical, LLC to:

_____ **Do Not** return any of the cremated remains. I hereby give LifeQuest Anatomical, LLC authorization to dispose
Initial here of the cremated remains.

_____ **Mail** the Cremated Remains by U.S. Postal Service Registered mail to:
Initial here

Name of individual or cemetery _____ Phone _____

At this address; _____ City _____ State _____ Zip _____

If LifeQuest Anatomical, LLC cannot return the cremated remains by the U.S. Postal Service Registered Mail then I hereby grant LifeQuest Anatomical, LLC authorization to dispose of the cremated remains. LifeQuest Anatomical, LLC will wait a minimum of 180 days after date of death and attempt to contact the next of kin before disposition will take place.

Initial here that you have read this statement _____ .

I HEREBY SIGN BEFORE THIS WITNESS, THAT I HAVE READ AND UNDERSTAND THIS FORM

Signature _____ Printed Name _____ Donor or List Relationship _____

Address _____ City _____

State _____ Zip _____ Phone _____

Witness Section – I hereby state that this cremation authorization was signed in my presence:

Signature _____ Printed Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Date signed _____ Time when signed _____

Approved by LifeQuest Anatomical, LLC Staff: _____
print name signature