

CHEYENNE MEMORIAL SERVICES CREMATORY

OFFICE: 1900 East 19th Street

Phone: (307) 632-2462

CREMATION AUTHORIZATION

Cremated _____ Cheyenne, Wyoming _____

REQUEST is hereby made and authority given for the cremation of the remains and container of the following decedent, at the Cheyenne Memorial Services and Crematory, in accordance with and subject to the rules and regulations now in force governing the cremation of remains of deceased persons in the State of Wyoming.

Name _____ Sex _____ Race _____ Age _____

Address _____ Married _____ Widowed _____
Divorced _____ Never Married _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Mortuary _____ Date of Service _____

Instruction for Cremains _____

I hereby agree to hold harmless the funeral home and crematorium, their officers and employees, from any liability, cost, expenses or claims, including reasonable attorney fees, arising from any of the following items:

1. If through my act of identification or failure to identify, or arising out of my decision not to embalm or any other decisions which may result in mental or physical distress or harm or financial loss to myself or others.
2. After cremation, if the cremains are not claimed within 60 days, I hereby authorize the crematorium to dispose of said cremains at its discretion. I also understand and agree that in the event the cremains container is not sufficient size to contain all of the cremains, that the crematorium is authorized to dispose of any excess.
3. I further understand that due to the nature of the cremation process, any valuable material, including jewelry and dental gold will either be destroyed or not be recoverable.
4. If authority is granted to transport the remains or cremains of the above listed deceased via common carrier or postal system, and due to such transportation damages or claims result.
5. I further state that the deceased has _____ had not _____ had a heart pacemaker implanted, radiation producing device or any other life sustaining device that could be explosive. If such a device exists, I hereby instruct the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any other responsible for the removal of such a device, I will be liable for any damages to the crematorium or injury to crematorium personnel.
6. The undersigned does hereby certify and represent that he/she has the right to make such authorization and agrees to relieve Cheyenne Memorial Services Crematory from any liability on account of the performance of such services.

Printed Name _____ Address _____

Signature _____ Relation to Deceased _____

Printed Name _____ Address _____

Signature _____ Relation to Deceased _____

Notary: _____

My Commission Expires: _____

Registration No. _____ Cemetery Record No. _____

The right is reserved to cremate within twenty-four hours after receiving remains.

Write plainly; use only ink or indelible pencil. This is a permanent record. Do not destroy.