



# OZARK CREMATORY LLC

2306 Hwy 12 West, Gentry, AR 72734  
(479) 736-1550 • Fax (479) 736-1551

Cremation #	_____
Date	_____
Time	_____
Receptacle	_____
Embalm	<input type="checkbox"/>
Refrigerate	<input type="checkbox"/>
By	_____
DO NOT WRITE IN THE ABOVE (CREMATORY USE ONLY)	

## CREMATION AUTHORIZATION

### CREMATION

I hereby request and authorize OZARK CREMATORY, LLC and \_\_\_\_\_  
to cremate and process the remains of:

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

who died on \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_ .M.

### DISPOSITION

I hereby direct the OZARK CREMATORY, LLC to dispose of the cremated remains as follows:

FORWARD TO: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OR

Other Instructions \_\_\_\_\_

(If other disposition is desired, please specify. In the absence of specific instructions, the cremated remains will be forwarded to the funeral home in charge of arrangements.)

### PACEMAKERS

I further state that the deceased has not had a heart pacemaker implanted, radiation producing implant nor any other life sustaining device that could be explosive. If such a device exists, I have instructed 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 others responsible for the removal of such a device, I will be liable for any damages to the crematory or injury to crematory personnel.

### CERTIFICATION

I certify and represent that the remains delivered to you for cremation are those of the deceased named above and that I have full power to give the above CREMATION and DISPOSITION AUTHORIZATION. I understand that due to the nature of the cremation process any valuable material, including dental gold, jewelry, etc., will either be destroyed or not be recoverable. All noncombustible materials will be disposed of by the crematory. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory, Funeral Home and Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

\_\_\_\_\_  
Date

WITNESS \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name - please print

\_\_\_\_\_  
Arranging Funeral Home

\_\_\_\_\_  
Director License #

\_\_\_\_\_  
City State Zip

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name - Please Print

\_\_\_\_\_  
Relationship/Authority

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
Area Code Telephone

**No cremation shall take place until the fees have been paid.**