

Hardwick Funeral Home, Inc.

Family Owned and Operated Since 1921

4831 Main Street / P.O. Box 308

Loris, South Carolina 29569

Phone: (843) 756-7001 Fax: (843) 756-3229

Deceased: _____ **S.S. #** _____
Street: _____ **D.O.B.:** _____
City/State: _____ **D.O.D.:** _____
Phone: _____ **T.O.D.:** _____

Date and Time of death hereinafter, "the deceased" was _____, _____ at _____ as indicated on the attached attending physician's, Medical examiners, or coroner's certificate of death.

The undersigned agent(s) of the Deceased certifies that the said agent(s) has the full legal authority and right to authorize the cremation, processing, and disposition of the Deceased remains, and further, said agent(s) certifies that, to the agent(s) knowledge, there exists no person who possesses a superior priority right and no person of equal priority who disagrees with this authorization.

Exercising the authority aforesaid, I, the undersigned, hereby authorize Hardwick Funeral Home, Inc. to take possession of, and make arrangements for, the cremation of the remains of the Deceased at McMillan-Small Crematory (hereinafter, "Crematory Authority"); said Crematory Authority being specifically authorized to carry out the process of cremation of the Deceased's remains, in accordance with the provisions of Chapter 8, title 32, 1976 SC Code, as amended, upon receipt of the Deceased's remains.

I, as agent(s) of the Deceased, hereby declare that, to the best of my knowledge: (check one)

_____ The Deceased's remains DO NOT contain a pacemaker or any other material of implant that may be hazardous to, or cause damage to, the cremation chamber or the person performing the cremation.

_____ The Deceased's remains DO contain a pacemaker or any other material or implant that may be hazardous to, or cause damage to, the cremation chamber or the person performing the cremation.*

*Please list all materials/implants here:

Agent Initials: _____ Agent Initials: _____ Agent Initials: _____ F.D. Initials: _____

I, as agent(s) of the Deceased, hereby declare that, to the best of my knowledge(check one)

_____The Deceased DID NOT have an infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

_____ The Deceased DID have any infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.****

The Agent(s) of the Deceased further authorizes and instructs the Crematory Authority to properly dispose of any items, other than the remains of the Deceased, including but not limited to, body prosthesis, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows.

THE CREMATION, PROCESSING AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF HARDWICK FUNERAL HOME, INC. AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. The remains of the Deceased will not be accepted by the Crematory Authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.
2. The Crematory Authority shall separate and remove from the cremation chamber all non-combustible materials, including but not limited to, hinges, latches, nails, jewelry, and precious metal, and the Crematory shall dispose of such materials as provided by law and/or as instructed herein.
3. Unless specifically authorized by the Deceased's agent(s), the Crematory Authority shall not simultaneously cremate the remains of more than one person in the same chamber.
4. The services of the Crematory Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of Hardwick Funeral Home, Inc.
5. Hardwick Funeral Home, Inc., is hereby authorized to dispose of the Deceased's cremated remains as follows: _____.
6. If no method of disposition is specified in number 5 above, the cremated remains of the Deceased are to be held by the Crematory Authority for a period of 30 days, unless said remains are picked up by or shipped to the agent or Hardwick Funeral Home, Inc. before that time. At the end of 30 days, if final disposition arrangements have not been made, the Crematory Authority may return the cremated remains to the agent(s) of the Deceased or to Hardwick Funeral Home, Inc.

Agent Initials: _____ Agent Initials: _____ Agent Initials: _____ F.D. Initials: _____

7. If, at the end of 60 days, no final disposition arrangements have been made, Hardwick Funeral Home, Inc. or the Crematory Authority in charge of the disposition arrangements may dispose of the cremated remains in a manner provided by law, and in accordance with Chapter 8, of Title 32, 1976 SC Code, as amended.
8. Deceased's agent(s) may revoke this authorization within 12 hours of its execution by providing written notice to Hardwick Funeral Home, Inc. which assisted in making these arrangements and the Crematory Authority designated to perform the cremation.

By signing the Cremation Authorization Form, I, as agent(s) for the Deceased, agree that Hardwick Funeral Home, Inc. and McMillan-Small Crematory (Crematory Authority) and their respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing and disposition of the Deceased remains. However, Hardwick Funeral Home, Inc. and the Crematory Authority and their respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased's remains if said acts are performed in a grossly negligent manner.

FURTHER, I HEREBY STATE THAT ALL REPRESENTATIONS AND STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND, FURTHER, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.

Agent Signature: _____ Date: _____ Time: _____

Address: _____

Agent's Telephone Number: _____ Relationship: _____ D.O.B. _____

Agent Signature: _____ Date: _____ Time: _____

Address: _____

Agent's Telephone Number: _____ Relationship: _____ D.O.B. _____

Agent Signature: _____ Date: _____ Time: _____

Address: _____

Agent's Telephone Number: _____ Relationship: _____ D.O.B. _____

Funeral Director's Signature: _____ Date: _____ License # _____

Agent Initials: _____ Agent Initials: _____ Agent Initials: _____ F.D. Initials: _____