

**IDENTIFICATION**

**Name of Deceased:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Johnson Funeral Home, Inc.** has informed me of the cremation process and has explained that the Virginia Board of Funeral Directors and Embalmers mandates visual identification of the deceased, positive identification of a photograph of the deceased, or other means of positive identification as described below prior to cremation. The above-named funeral home/crematory has informed me that I/we have the right to waive visual identification of the deceased and that positive identification through photographs, fingerprints, dental records, DNA records, etc., might delay the cremation process.

\_\_\_\_\_ I/We attest that I/we have **visually** identified the deceased and attest that the deceased person named above; or

\_\_\_\_\_ I/We attest that I/we have **positively** identified a photograph of the deceased or a photograph of a distinguishing birthmark or tattoo of the deceased and attest that the deceased is the person named above. I certify that I/We am/are the legal next-of-kin or legal representative of the deceased under Virginia law and that I/we have full authority under law to provide permission to the above-name funeral home/crematory to photograph the deceased if that is my/our choice of identification; or

\_\_\_\_\_ I/We decline the right to view the deceased or a photograph of the deceased and authorize the funeral home to proceed with positive identification of the deceased as Virginia law requires. Such positive identification might include, but not be limited to fingerprints, dental records, DNA records, etc.. We understand that such procedures might delay the cremation process.

\_\_\_\_\_  
Signature of Next of Kin/Legal Representative

\_\_\_\_\_  
Signature of Next-of-Kin/Legal Representative

\_\_\_\_\_  
Printed name of Next-of-Kin/Legal Representative

\_\_\_\_\_  
Printed name of Next-of-Kin/Legal Representative

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Signature of Witness

**DOCUMENTATION**

Johnson Funeral Home, Inc.  
31440 Constitution Highway  
Locust Grove, Virginia 33508  
Telephone: 540-854-5100 or 540-972-4500

**PART I IDENTIFICATION OF REMAINS**

Name listed on Cremation Form \_\_\_\_\_

Name listed on Authorization Form \_\_\_\_\_

Name listed on Body \_\_\_\_\_

Name listed on Exterior of Container \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Age (estimate) \_\_\_\_\_

Cremation Disk Number# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II RECEIVING REMAINS**

Name of person delivering remains for cremation \_\_\_\_\_

Funeral Home \_\_\_\_\_ Signature \_\_\_\_\_

Name of person receiving remains for cremation \_\_\_\_\_

Signature \_\_\_\_\_ Date and Time \_\_\_\_\_

**PART III RECEIPT OF REMAINS**

Name of person picking up cremated remains \_\_\_\_\_

Relationship to the deceased \_\_\_\_\_

\_\_\_\_\_ Funeral Home Representative

\_\_\_\_\_ Family Member Relationship

\_\_\_\_\_ Other \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date and Time** \_\_\_\_\_

# AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE—THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.  
**CREMATION IS IRREVERSIBLE AND FINAL.**  
**READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

I/We, the undersigned certify, warrant and represent that I/We have full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of

\_\_\_\_\_ (name of Deceased)  
(hereinafter referred to as the "Deceased")  
age \_\_\_\_\_ who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Time of Death \_\_\_\_\_  AM  PM

I/We hereby request and authorize JOHNSON FUNERAL HOME, INC., (hereinafter referred to as the "Funeral Home") to take possession of and make arrangement for the cremation of the Deceased at JOHNSON CREMATORY (hereinafter referred to as the "Crematory").

I/We authorize the Crematory to release the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required?  Yes  No  
Describe \_\_\_\_\_

Description of urn or container selected: \_\_\_\_\_  
Suitable for shipping:  Yes  No

Deliver to \_\_\_\_\_ Cemetery  
 Release to family \_\_\_\_\_  
Name Designated Family Member to Receive

Scattering at sea by Funeral Home or Funeral Home's agent \_\_\_\_\_  
 Ship via U.S. Registered Mail \*\*

To: Name \_\_\_\_\_  
Address \_\_\_\_\_

Other \_\_\_\_\_

**\*\*Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the United States Postal Service**

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing law, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other non combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in casket or other container constructed of metal, fiberglass, or other noncombustible materials. We will return the body in the container to the funeral home for transfer into a combustible container of your choice. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.

2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. **I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED**

**Please initial one. \_\_\_\_\_ DO \_\_\_\_\_ DO NOT  
CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.**

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

\_\_\_\_\_  
Description of Implanted Device

\_\_\_\_\_  
Disposition of Device

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Cremation to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.

4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.

5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.

6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.

8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles in the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

10. Unless I/We give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.

11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to Me/Us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.

12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents employees and assigns harmless from any and all loss, damages, liability or caused of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or My/Our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession or, or make permanent arrangements for, the disposition of such remains.

13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

14. I/We understand that this document does not contain a complete and detail description of every aspect of the cremation process.

