Cremation and Disposition Authorization

Please read this entire document carefully before signing.

Name of Decedent: Sex:
Date of Birth: Date of Death:
SSN:

I the undersigned (the "Authorizing agent") hereby authorize and request Skagit County Coroner's Office to arrange and facilitate the cremation of the decedent with the next available Crematory on the Skagit County indigent/abandoned rotation established via competitive bid process.

Schedule and Container Requirement: The Crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation. The crematory is authorized to dispose of any non-combustible residue, handles or other items attached to any cremation container.

Authorization

— I hereby state that I am the closest living next of kin of the Decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws.

— I am aware of no objection to this cremation by the spouse, child, parent or sibling of the decedent, or of provision of any contract or instructions made be the Decedent.

— All personal property, clothing or valuables have been removed from the remains or I hereby order them cremated with the remains. I understand that any personal property, clothing or valuables, including dental gold, on or with the body will be destroyed in the cremation process, and therefore will not be recoverable.

— I hereby agree to indemnify and hold harmless Skagit County Coroner's Office and the facility selected for cremation, its officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremains.

— By execution, including initials at appropriate spaces the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied upon by the Skagit County Coroner's Office and the Crematory and the undersigned has read and understood the provisions of this document.

Disposition of Cremated Remains

Next of Kin:	_____	Witness:	_____
Signature:	_____	Signature:	_____
Dated:	_____	Dated:	_____
Address:	_____	Address:	_____
Phone:	_____	Phone:	_____
Relationship:	_____		