

AUTHORIZATION FOR REMOVAL OF MEDICAL DEVICES

Name of deceased: _____ Date of death: _____

The undersigned hereby represents and warrants to be the next of kin and/or the person(s) with the legal right to control the disposition of the above-named decedent.

The following medical devices have been implanted or attached to the deceased:

The undersigned fully acknowledges the funeral home has explained the need for removal of devices from the body. In the event of cremation, medical devices not removed can cause injury to crematory personnel, damage to the cremation equipment and damage to the cremation chamber. Failure to remove the medical devices before cremation will make it impossible to retrieve them after cremation. The undersigned hereby authorize the removal of the above-listed medical devices and/or implants by the funeral home or their designated agent.

Additionally, except for the sole negligence or willful misconduct of the funeral home, it is agreed that the undersigned releases and discharges the funeral home, its affiliates, officers, employees, agents, and representatives from any and all liabilities, losses, damages, and injuries resulting from non-disclosure of medical devices or implants on or in the above-named decedent and agrees to indemnify the funeral home from any costs, damages, causes of actions or claims arising out of this authorization.

Signed this _____ day of _____, 20__ at _____.

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Representative of Funeral Home: _____