



SAUL FUNERAL HOMES, INC.

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Our funeral home requires that this form is used in conjunction with the Consent for Services by Authorizing Agent(s) form to authorize cremation.

Cremation Authorization Addendum
To Consent for Cremation Services by Authorizing Agent(s)

This addendum alone does not itself constitute an authorization for cremation services. When using this form, our funeral home requires that it be attached to a completed and signed Consent for Services by Authorizing Agent(s) form in order to authorize a cremation.

Form with fields: NAME OF DECEDENT (first, middle, last), TODAY'S DATE, DATE OF DEATH, PLACE OF DEATH, AGE, SEX, NAME OF CREMATORY, ADDRESS (street, city, state, zip)

The term "Authorizing Agent" or "Authorizing Agents," used throughout, refers to the individual or individuals retaining the right to control disposition as established by N.J.S.A. 3B:10-21.1 and N.J.S.A. 45:27-22.

Cremation

Cremation and final disposition will be performed in accordance with all governing laws and the policies and procedures established by the State of New Jersey, the local crematory we select and this funeral home.

Cremation will only take place after all of the following conditions have been met:

- 1. 24 hours have transpired since the death occurred (N.J.S.A. 26:7-18.1),
2. Any scheduled ceremonies or viewing have been completed,
3. Civil and medical authorities have issued all necessary permits (N.J.S.A. 26:7-16),
4. Necessary authorizations have been obtained, in compliance with N.J.S.A. 45:27-22,
5. Positive identification of decedent has been accomplished by the Authorizing Agent(s).

Because cremation is a final irreversible decision, it is important to our funeral home that you have a full understanding of the process. We ask that you take the time to read this document carefully and feel free to ask any questions you may have. Every cremation is performed individually.

Cremation Process

In preparation for cremation the decedent is placed in a rigid casket or alternative container strong enough to ensure proper protection and dignity of the body while at the same time providing ease of handling for funeral home and crematory personnel.

Our funeral home strongly discourages the purchase of a metal casket for cremation. If such a casket is purchased and a crematory can be located that will accommodate cremation with a metal casket, then the crematory may, at its sole discretion, reserve the right to take any and all of the following steps to facilitate cremation: remove or prop open the lid, or cut holes in the casket.

The decedent is placed in the crematory chamber (retort). In this chamber, through intense heat and flame (1400 to 1800 degrees Fahrenheit) the body and the container are reduced to basic components referred to as cremated remains.

Any valuables such as jewelry or dental gold left with the decedent will be destroyed and unrecoverable after the cremation process. These items, along with any prosthetic parts and non-combustible container parts (i.e. hinges, nails, etc.) will be removed by visible or magnetic selection from the cremated remains and disposed of by the crematory.

Following a cooling period, the cremated remains are removed from the crematory chamber. Although cremated remains are referred to as ashes, they are in fact bone fragments (calcium compounds) and normally weigh between three and nine pounds.

I have read the above description of the cremation process in its entirety. I understand what I have read and that cremation is an irreversible process. I have no further questions about my decision to proceed.

Initial \_\_\_\_\_

Time of Cremation

I am/We are aware that according to N.J.S.A. 26:7-18.1, cremation may not take place in the State of New Jersey until 24 hours have elapsed from the time of death as recorded on the official transcript of death.

Initial \_\_\_\_\_

**Identification of the Decedent**

It is the policy of our Funeral Home that no decedent shall be transferred, embalmed, cremated, buried, or entombed without proper identification by the Authorizing Agent(s) or legal representative.

The undersigned, having been provided the opportunity to physically view the human remains, do positively identify same as that of the person named above. Identification occurred:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_ By: \_\_\_\_\_

Identification is not required as the decedent died at his/her residence or with family/Authorizing Agent(s) in attendance at the time the decedent was transferred by our staff to our Funeral Home.

Identification was made by photograph of the decedent by request of and with permission of the Authorizing Agent(s) with said photograph being made a permanent part of the decedent's Funeral Home file.

Identification was made through the Medical Examiners Office, using DNA, dental records and/or fingerprints.

The named decedent has been identified by one of the above methods, as selected. Based on that, I/we have authorized the Funeral Home to deliver the decedent to the Crematory for cremation and to arrange for the final disposition of the cremated remains, as set forth on this form. I/we assume all liability for mistaken identification. Initial \_\_\_\_\_

**Pacemakers, Prostheses, Silicone and Radioactive Implants**

Pacemakers, prostheses, and other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices be removed prior to cremation. If our Funeral Home is not notified about such devices or implants and not permitted to remove them or otherwise arrange for their removal, then the Authorizing Agent(s) will be responsible for any and all damages caused to the Crematory or Crematory personnel by such device or implant. **All pacemakers and radioactive implants must be removed prior to delivering the decedent to the Crematory.**

The decedent's body **does not contain** a pacemaker, prostheses, radioactive implant or any other device that could be harmful to the Crematory. The body is safe to cremate. Initial \_\_\_\_\_

The decedent's body **does contain** a pacemaker, prostheses, radioactive implants and/or any other device. Initial \_\_\_\_\_

The following is a complete list of all existing devices (including all mechanical, silicone or radioactive implants and prosthetic devices) which are implanted in or attached to the decedent that should be removed prior to cremation.

1.	2.
3.	4.

I/We authorize a representative of the Funeral Home to surgically remove or arrange for the removal of any hazardous implants/devices. If such devices include metals eligible for recycling, I/we authorize a representative of the Funeral Home to arrange for the recycling of such materials. If any prostheses or other mechanical devices or implants were not removed prior to cremation, and any remnants remain following cremation, I/we authorize the Crematory to dispose of these materials, which may include the recycling of eligible metals. Initial \_\_\_\_\_

**Disposition of Cremated Remains**

Although cremation is a legal form of disposition, it is NOT final disposition. I am/We are aware that decisions must be made at this time for the final disposition of the cremated remains and authorize the Funeral Home to deliver, ship, release or dispose of the cremated remains as soon as possible as follows (please select all arrangement options that apply):

- Temporary Urn(s)
- Permanent Urn(s)
- Multiple Urns, Number \_\_\_\_\_  
(as described on the SFGSS)
- Bury in cemetery
- Inurn in mausoleum
- Scatter remains  
(scattered cremated remains will NOT be recoverable)
- Deliver to address below
- Release cremated remains to individual below
- Ship U.S. Postal Service via Priority Mail Express

NAME OF INDIVIDUAL		RELATIONSHIP TO DECEDENT
BUSINESS/COMPANY NAME <small>(If Not Private Residence)</small>		TELEPHONE NUMBER
ADDRESS <small>(street, city, state, zip)</small>		
CREMATED REMAINS RECEIVED BY	DATE	SIGNATURE

**Authorization for Cremation**

I/We, the undersigned, hereby authorize and request that the Crematory, in accordance with and subject to its rules and regulations, and any applicable state and local laws or regulations, cremate the body of the decedent in the container as selected by the Authorizing Agent(s). Initial \_\_\_\_\_

**Signature of Authorizing Agent(s)**

(Signatures must be of the same individuals(s) that have signed the attached Consent for Services by Authorizing Agent(s) form.)

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

**Receipt of Delivery to Crematory**

The Crematory received the remains of the decedent identified above on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ in (type of container) \_\_\_\_\_ .  
\_\_\_\_\_  
Signature of Crematory Representative

**Receipt of Delivery from Crematory**

The Funeral Home received the cremated remains of the decedent identified above on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ .  
\_\_\_\_\_  
Signature of Funeral Home Representative