

**COMMINGLING OF CREMATED REMAINS
AUTHORIZATION, CONSENT AND INSTRUCTIONS**

Crematorium or Funeral Home: _____

I/we, being the respective Authorized Decision-maker(s), as established by Section 91 of *The Funeral and Cremation Services Act*, hereby authorize, consent to, and order the commingling of the cremated remains of the individuals identified herein, in such manner as prescribed below. I/we have been advised to consult all near relatives (spouses by law or common law, sons, daughters, parents), and have attempted to resolve any expressed objections. I/we further agree to hold harmless, indemnify and defend the herein named crematorium and/or funeral home as well as their representatives, from and against all claims, liabilities or damages whatsoever which may result from this authorization.

A) DECEASED:

B) DECEASED:

(Name)

(Name)

(Date of Death)

(Cremation Date)

(Date of Death)

(Cremation Date)

(Crematorium)

(Crematorium)

(Cremation Registration No.)

(Cremation Registration No.)

(Funeral Home)

(Funeral Home)

INSTRUCTIONS:

The above cremated remains shall be commingled and containerized as described below:

Portion	Approximate Percentage	Container description
1	_____	_____
2	_____	_____

The containers of commingled cremated remains shall be released to the following persons:

Portion	Name	Relationship
1	_____	_____
2	_____	_____

(use reverse to list more persons or additional forms if necessary)

Other or alternate commingling and/or containerization instructions: _____

AUTHORIZED DECISION MAKER(S):

A) Deceased _____

Name _____ Address _____

Signature _____ Date: _____

B) Deceased _____

Name _____ Address _____

Signature _____ Date: _____

If cremated remains from more than 2 decedents are to be commingled, add details of deceased and authorized decision maker's name, address and signature on reverse.