

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

Crematorium or Funeral Home: \_\_\_\_\_

I/we being the Authorized Decision-maker(s), as established by Section 91 of *The Funeral and Cremation Services Act*, hereby authorize, consent to, and order the separation of the cremated remains of the individual 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.

DECEASED: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Cremation Date: \_\_\_\_\_

Crematorium: \_\_\_\_\_

Cremation Registration No.: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

**INSTRUCTIONS:**

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

Portion	Approximate Percentage	Container description
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

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

Portion	Name	Relationship
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

**AUTHORIZED DECISION MAKER:**

Name \_\_\_\_\_ Address \_\_\_\_\_

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