

# AUTHORIZATION TO CREMATE BY ALKALINE HYDROLYSIS and ORDER FOR DISPOSITION

(Name of Crematorium)

Within this document, the ACT means *The Funeral and Cremation Services Act*.

## 1 DECEASED

Full Name of Deceased: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name of authorized decision-maker: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone: \_\_\_\_\_

## 2 HAZARDOUS MATERIALS

**Mechanical, radioactive devices, implants or treatments may create a hazardous condition. Any potentially hazardous implanted products must be removed and potentially hazardous treatments disclosed prior to delivery of the deceased to the crematorium.**

To the best of your knowledge, did the deceased undergo any of the above?  YES  NO

If yes, list devices, and/or describe radioactive treatments, including date of last treatment and administering hospital or institution.

\_\_\_\_\_

I understand any hazardous products will be removed prior to cremation.

## 3 VISUAL IDENTIFICATION Section 93 of the ACT

The crematorium owner must ensure the deceased received has been visually identified by: (1) the authorized decision-maker, or (2) a person designated by the authorized decision-maker who is capable of making such identification, or (3) a coroner.

(1) I have personally viewed and identified the deceased by: \_\_\_\_\_ personally viewing the deceased. \_\_\_\_\_ Under extenuating circumstances a photograph of the deceased taken after death.

Signature of authorized decision-maker OR designate \_\_\_\_\_

(2) Name of designate (if required) \_\_\_\_\_ Relationship to deceased \_\_\_\_\_

Signature of authorized decision-maker \_\_\_\_\_

Witnessed:

I certify that the above identification was done in my presence on \_\_\_\_\_ location \_\_\_\_\_  
Date Address

Name of witness \_\_\_\_\_ Signature \_\_\_\_\_

(3) **Identified by a coroner.** Name of Coroner \_\_\_\_\_

## 4 ATTENDANCE AT CREMATORIUM

Yes  No Will the family accompany the deceased to the crematorium? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Yes  No Does the family wish to access the crematorium facility or chapel for committal rites or services?

Yes  No Does the family wish to witness placement of container into the hydrolysis vessel?

Yes  No Does a family member or clergy person wish to initiate the cremation process?

**If YES to any of the above, I am aware that the crematorium must be contacted to make the necessary arrangements.**

**5(a)****DISPOSITION INSTRUCTIONS**

I/We authorize the crematorium to return the cremated remains of the deceased to the custody of the named funeral home, person or entity. We understand that the services and obligations of the crematorium shall be fulfilled when the cremated remains are returned or delivered.

Name of funeral home, person or entity: \_\_\_\_\_

\_\_\_\_\_ Date Required \_\_\_\_\_ Time Required \_\_\_\_\_

Address (if shipping) \_\_\_\_\_ Postal Code \_\_\_\_\_

Delivery Method:  Hand Delivery  Bus  Postal Service  Other \_\_\_\_\_

**5(b)**

I/We further authorize the funeral home, person or entity to arrange for the disposition or storage of the cremated remains as stated below:

Deliver to Name \_\_\_\_\_ Relationship to deceased \_\_\_\_\_

Release to: Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

By:  Pick-Up  Hand Delivery  Bus  Postal Service

Other \_\_\_\_\_

**Without further written instruction, the cremated remains will only be released to the person identified in 5(b).**

**5(c)**

Deliver for Committal \_\_\_\_\_ cemetery / columbarium.

**5(d)****STORAGE**

If the cremated remains are not to be delivered or picked up within thirty (30) days the anticipated date of release for pick-up or delivery is \_\_\_\_\_, 2\_\_\_\_. I am aware there may be separate charges for storage and that after a period of one year, if we have made no other arrangements to extend the storage agreement, the cremated remains may be permanently disposed of.

**6****AUTHORIZATION AND INDEMNITY**

**THIS DOCUMENT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. BY SIGNING THIS DOCUMENT, YOU ARE VERIFYING YOU HAVE CAREFULLY READ THE ENTIRE DOCUMENT.**

I certify I am the authorized decision-maker, as established by Section 91 of the ACT, that I have charge of the above named deceased, and as such possess full legal authority and power to execute this authorization form and to arrange for the cremation and disposition of the cremated remains. I have read, understand and agree with the terms and conditions of this form. I hereby authorize the cremation of the above named deceased.

Signature of authorized decision-maker \_\_\_\_\_ Date \_\_\_\_\_

Additional Authorization \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)

May require a Notary Seal

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YES  NO To your knowledge did the deceased have an infectious or contagious disease?

YES  NO Have the human remains of the deceased been embalmed?

YES  NO Has the container been inspected and all potentially hazardous materials been removed from within?

YES  NO Is an urn being provided? By whom \_\_\_\_\_ Type \_\_\_\_\_

Approximate weight of the deceased \_\_\_\_\_

The container contains the human remains of the above-named deceased. I, or a funeral home representative have witnessed the containerization of the identified human remains and the container has been under my/our continuous care from that time until delivery to the crematorium.

I have reviewed this form with the authorized decision-maker, and know of no other person who has any knowledge or information which would lead me to believe any of the answers provided by the authorized decision-maker are incorrect.

Name of funeral home \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Signature \_\_\_\_\_

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**FOR CREMATORIUM USE**

Time / Date received: \_\_\_\_\_ Registration / ID # \_\_\_\_\_

Time/date Started \_\_\_\_\_ Time/date completed: \_\_\_\_\_

Other: \_\_\_\_\_

Name of Crematorium Technician: \_\_\_\_\_

## TERMS AND CONDITIONS

### THE CREMATION PROCESS USING ALKALINE HYDROLYSIS

Cremation using alkaline hydrolysis is performed to prepare the deceased for memorialization and is carried out by placing the deceased in a container and then placing the container into a hydrolysis vessel into which water and potassium hydroxide are added. Heat and pressure are introduced to break down the human remains until bones that may be pulverized remain. During the alkaline hydrolysis process, all substances are consumed, except bone fragments and metal.

Following a cooling period, the cremated remains, which will normally weigh several pounds, are removed from the hydrolysis vessel and dried. After the cremated remains are removed from the cremation chamber all non-hydrolyzed materials (insofar as possible) will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematorium is authorized to dispose of these materials.

When the cremated remains are removed from the hydrolysis vessel, unless otherwise specified they will be mechanically processed (pulverized) which includes crushing and grinding into granulated particles of unidentifiable dimensions, prior to placement into the designated container.

The crematorium is authorized to order the opening of any container for inspection.

### URNS AND TEMPORARY CONTAINERS

In the event the urn or temporary container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle, which will be kept with the primary receptacle and handled according to the disposition instructions on this form. The crematorium requires that all urns or containers provided be appropriate for shipping or permanent storage, and be a minimum of 200 cubic inches. Unless a suitable urn is provided for the cremated remains, the crematorium will place the cremated remains in a container furnished by them which is not designed for shipment.

### FINAL DISPOSITION

Cremation is NOT the final disposition nor is placing the cremated remains in storage final disposition. The cremation process simply reduces the deceased body to cremated remains. These cremated remains are usually several pounds and usually in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. If the cremated remains are placed in temporary storage, the crematorium or funeral home may charge a holding fee and if unclaimed after a period of one year may permanently dispose of the cremated remains in accordance with provincial legislation. If scattering is the ultimate choice, the cremated remains will not be recoverable, and if done in a common area the cremated remains may be commingled with parities of other cremated remains. Public and private property laws govern the scattering of cremated remains and permission must always be sought and received prior to a scattering on land other than one's own.

### CREMATION SCHEDULING

The crematorium is authorized to perform the cremation upon receipt of human remains and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. The crematorium will only place the human remains of one individual in the cremation chamber at a time, unless otherwise authorized pursuant to regulation 29.

### AUTHORIZED DECISION-MAKER

Section 91 of *The Funeral and Cremation Service Act* specifically spells out the ranking order of individuals legally deemed to be the authorized decision-maker(s). The funeral director or crematorium may require signatory parties to prove their position in relation to this section of the Act.