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Salazar Mortuary
400 Third St. SW
Albuquerque, NM 87102
www.SalazarFunerals.com

Reflections
2400 Washington St. NE
Albuquerque, NM 87110
www.SalazarFunerals.com

Albuquerque Crematory
400 Third St. SW
Albuquerque, NM 87102

Date _____

Cremation Authorization

Notice: This is a legal document that contains important provisions concerning cremation. Read this entire document carefully before signing. Cremation is an irreversible and final process.

Name of decedent _____ Date of death _____ Time of death: _____ (AM /PM)

Place of death _____ Facility or Residence, City _____ Weight: _____ lbs. (There is an additional charge for the cremation of persons above 300 lbs.)

I/WE the undersigned, [hereafter "authorized agents"] hereby authorize and request in accordance with and subject to the rules and regulations and applicable New Mexico State laws for Reflections/Salazar Mortuary (circle one) [hereafter "Funeral home"] to arrange with Albuquerque Crematory [hereafter "Crematory"] to cremate the human remains of the above named decedent.

**Initials of authorized agents _____

Funeral Director Signature & License # _____

Authority of Right of Disposition

The authorized agent(s) warrants and represents to funeral home that the authorized agent is the person or the appointed agent of the person who by New Mexico law below has the paramount right to arrange and direct the disposition of the remains of the decedent and that no other person(s) has a superior right over the right of the authorized agent(s).

N. M. Stat. Ann. @ 61-32-19 (1994)
61-32-19 Cremation Requirements; right to authorize cremation.

If a decedent has left no written instructions regarding the disposition of his remains, the following persons in the order listed shall determine the means of disposition, not to be limited to cremation, of the remains of the decedent.

(Check one)

- The surviving spouse
A majority of the surviving children of the decedent
The surviving parents of the decedent
A majority of the surviving siblings of the decedent
An adult who has exhibited special care and concern for the decedent, who is aware of the decedents views and desires regarding the disposition of the body and who is willing and able to make a decision about the disposition of the decedents body.
The adult person of the next degree of kinship in the order named by New Mexico law to inherit the estate of the decedent.

**Initials of authorized agents _____



Identification

Prior to carrying out the cremation of decedent’s remains, it is necessary to confirm the identity of the remains. The authorized agent(s) has requested and authorized the funeral home to arrange for and rely upon the identification of the remains of the decedent by the person and/or the means and persons designated below by the authorized agent(s)’s initials:

Check all that apply

- Authorized agent is requesting a viewing for purpose of in-person identification and understands additional charges apply.
- Office of the Medical Investigator (per NM 7.3.2.8)
- In-person identification has been declined and authorization to photograph the decedent (or identifying marks) has been approved. Photo will **not** be examined by authorized agent (s) to confirm positive identification and will be a permanent part of decedent’s funeral home file. Identifying marks: _____
- Family, friend or representative (hospital, nursing home staff) was present during transfer into our care and witnessed placement of identification band (if not present) on decedent per tracking sheet NM 16.64.4.9.D. (name _____, _____)
Relationship to decedent _____

The authorized agent(s) hereby releases the funeral home from all liability that may arise from the identification of the decedent as set forth above.

****Initials of authorized agents** _____

Merchandise

The crematory will not accept the human remains of the decedent in a metal or non-combustible container but must be in a rigid suitable container. The crematory reserves the right to reject a cremation container.

Type of container to be used: _____

The crematory is authorized to dispose of residue from containers, handles or other items attached to any cremation container at its sole discretion. All cremated remains will be placed in a temporary container to be returned to the funeral home. It will be the funeral home’s responsibility to place the cremated remains in any urn purchased by the family.

Cremated remains are to be placed in (describe container) at funeral home: _____

****Initials of authorized agents** _____

Pacemaker, Mechanical devices, Implants

Mechanical devices, implants and certain nuclear medicine residues in the decedent may create a hazardous condition when placed in a cremation chamber and subjected to heat. The crematory will not cremate any remains which contain any hazardous mechanical devices, or implants. The following list describes all devices which may be implanted in or attached to the decedent:

I/WE understand that due to the nature of the cremation process all mechanical devices and implants will either be destroyed or unrecoverable. I/We also state that the above list is the complete list of all such device and implants. I/We agree to indemnify the funeral home, crematory its agents and employees, against loss from any claims, demands or damages which may be made or declared against it or them by reason of our failure to timely disclose the existence of such items. I/We and funeral home further agree to be responsible for the liability of damages to real property and personal injury to crematory staff for failure to declare the existence of hazardous material and devices in the decedent.

****Initials of authorized agents** _____

Authorization to Remove and Dispose of Pacemaker, and Other Devices

I/We understand that some types of prosthetics, mechanical devices, and implants must be removed from the decedent prior to cremation. All devices, prosthetics, implants will be disposed of in a sanitary manner and/or according to customary practices for disposition of bio-hazard waste. Residue from the devices and post-cremation devices will become the property of the crematory to dispose of in any way which conforms to state or federal regulations.

****Initials of authorized agents** _____



Cremation Process

Cremation is performed to prepare the decedent for memorialization. The funeral home places the decedent in a combustible casket or other container and delivers it to the crematory. The crematory then will put the casket or container and the human remains in the cremation chamber. Incineration of the container and contents is accomplished by substantially increasing the temperature in the cremation chamber until combustion is obtained. After approximately two (2) hours, all substances are consumed or driven off, except bone fragments (calcium compounds) and metal, as the temperature is not sufficiently high enough to consume them.

The human body burns with the casket or container in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is comingled with the cremated remains. Nearly all of the contents of the cremation chamber are removed and crushed and/or pulverized to facilitate inurnment or scattering.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold, jewelry, and body prosthesis that are left on the decedent and not removed from the decedent prior to cremation will be destroyed and are not recoverable. **Arrangements for the removal of personal items must be done by the family with the funeral home prior to delivering the decedent to the crematory. The crematory staff will NOT remove any items from the decedent.**

Following an appropriate cooling period, the cremated remains are swept from the cremation chamber. The crematory staff makes all reasonable efforts to remove all of the cremated remains from the chamber, but it is impossible to remove all of them as some dust and other residue from the process are always left behind. In addition, while all efforts are made to avoid comingling, inadvertent or incidental comingling of minute particles of cremated remains from the residue of previous cremations is a possibility and the authorized agent(s) understands and accepts this fact.

After the cremated remains are processed they will be place in a temporary container. The crematory will make every effort to put all of the cremated remains in the container. The container will be returned to the funeral home and they will place the cremated human remains in whatever container the family has chosen. In the event the capacity of the container is insufficient, an additional container will be used. The family will receive delivery of the cremated remains from the funeral home and not directly from the crematory.

Cremated remains will be held by funeral home for a period of not more than three hundred and sixty five (365)days/one (1) year from the time of cremation. The undersigned authorizes funeral home to dispose of the cremated remains in any lawful manner.

****If families would like items cremated, list them here:**

****If families would like items returned before cremation, list them here:**

Witness to the Cremation Process

Witness of the start of the cremation process is an option available to each family. Because witnessing can be an emotional experience, witnesses are assuming the risks involved and fully release the funeral home and crematory from any liability. Although this does not include a viewing for purpose of identification, identification and witnessing may be performed simultaneously.

(Check one.)

- Authorized agent elects to witness the start of the cremation process and has agreed to the following date and time _____ . List names of all witnesses on back side of this form.
- Authorized agent appoints _____ to witness the start of the cremation process. Appointed representative agrees to be contacted by phone number _____ for scheduled witnessing .
- Authorized agent elects NOT to witness the start of the cremation process.
- Authorized agent elects NOT to witness the start of the cremation process. However, a status of when cremation will begin is requested and a voicemail will be left if no answer is received. Phone # _____.

****Initials of authorized agents** _____



Authorization

I/We therefore state that we are the closest living next-of-kin to the decedent or I/we are empowered and authorized to execute this authorization according to all New Mexico state laws by reason of:

_____ (kinship)

I/We hereby agree to indemnify and hold harmless the funeral home and the crematory, their officers, directors, agents and employees from any claim, liability, cost or expense resulting from the funeral home's and the crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein, including but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the decedent.

By execution of this form and initials at appropriate spaces for authorized agent(s) of this form, the undersigned(s) warrant that all representations and statements contained in this form are true and correct. That these statements are being relied on by the funeral home and the crematory and that the undersigned have read and understood the provisions of this document.

Executed this _____ day of _____ 20_____.

Authorized Agent(s)

1. Signature _____

Printed: _____

Address: _____

2. Signature _____

Printed: _____

Address: _____

3. Signature _____

Printed _____

Address _____

State of _____

County of _____

Signed/Attested before me on _____ by _____

(Seal) My commission expires: _____

Order for Cremated Remains Pickup (Funeral Home Only)

**Cremated Remains are authorized to be picked up at Funeral Home by: 1. _____ 2. _____
3. _____ 4. _____ (Identity will be verified with government-issued photo ID card.)

Printed Name(s): _____

Signature(s): _____ Date: _____