



PO Box 549  
Abbeville, SC 29620  
PH: 864-366-4027  
Fax: 864-366-4028

**AUTHORIZATION FOR CREMATION, PROCESSING,  
AND DISPOSITION**

The State of South Carolina requires that this Authorization Form be completed and signed prior to the cremation. Please read it carefully and ask us any questions you have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in an attached document prior to signing. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the any other information in this Form.

NAME OF DECEDENT \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_ TIME OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

**BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS  
REQUIRED BY ONE OF THE FOLLOWING METHODS:**

\_\_\_\_\_  
(Initials) The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.

**OR**

\_\_\_\_\_  
(Initials) The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.

**OR**

\_\_\_\_\_  
(Initials) The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent has positively identified the photograph as that of the Decedent.

The undersigned agent of the Deceased certifies that said agent has the full legal authority and right to authorize the cremation, processing, and disposition of the Deceased's remains, and further, said agent certifies that, to the agent's knowledge, there exists no person who possesses a superior priority right and no person of equal priority who disagrees with this authorization.

Exercising the authority aforesaid, I, the undersigned, hereby authorize **Harris Funeral Home, Inc.** to take possession of, and make arrangements for, the cremation of the remains of the Deceased at **Evans Crematory** (hereinafter "Cremation Authority"); said Cremation Authority being specifically authorized to carry out the process of cremation of the Deceased's remains, in accordance with the provisions of **Chapter 8 of Title 32, 1976 S.C. Code**, as amended, upon receipt of the Deceased's remains.

I, as agent of the Deceased, hereby declare that, to the best of my knowledge (Check one): **IMPLANTS**

\_\_\_\_\_ The Deceased's remains **DO NOT** contain a pacemaker, or any other material or implant, that may be hazardous, or cause damage to, the cremation chamber or the person performing the cremation.

\_\_\_\_\_ The Deceased's remains **DO** contain a pacemaker, or other material or implant, that may be hazardous, or cause damage to, the cremation chamber or the person performing the cremation.\*\*

\*\*Please list all Materials/Implants: \_\_\_\_\_

I, as agent of the Deceased, hereby declare that, to the best of my knowledge: **INFECTIOUS DISEASE**

\_\_\_\_\_ The Deceased **DID NOT** have an infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

\_\_\_\_\_ The Deceased **DID** have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public.\*\*

\*\*Please list all diseases: \_\_\_\_\_

The Agent of the Deceased further authorizes and instructs the Cremation Authority to properly dispose of any items, other than the remains of the Deceased, including, but not limited to, body prostheses, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

Items of value delivered to the Crematory Authority with the remains of the deceased are listed below along with instructions as to how they should be handled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows: \_\_\_\_\_

\_\_\_\_\_

**THE CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF THE FUNERAL ESTABLISHMENT AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:**

Please read and initial the following:

1. The remains of the Deceased will not be accepted by the Cremation Authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.
2. The Cremation Authority shall separate and remove from the cremation chamber all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry, and precious metal, and the Cremation Authority shall dispose of such materials as provided by law and/or as instructed herein.
3. Unless specifically authorized by the Deceased's agent(s), the Cremation Authority shall not simultaneously cremate the remains of more than one person in the same cremation chamber.
4. The services of the Cremation Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Establishment.
5. **Harris Funeral Home** (Funeral Establishment) is hereby authorized to dispose of the Deceased's cremated remains as follows:

---

---

---

6. If no method of disposition is specified in number 5 above, the cremated remains of the Deceased are to be held by the Cremation Authority for a period of 30 days, unless said remains are picked up or shipped to the agent or the Funeral Establishment before that time. At the end of 30 days, if final disposition arrangements have not been made, the Cremation Authority may return the cremated remains to the agent of the Deceased or the Funeral Establishment.
7. If, at the end of 60 days, no final disposition arrangements have been made, the Cremation Authority, or the Funeral Establishment in charge of the disposition arrangements, may dispose of the cremated remains in a manner provided by law, and in accordance with **Chapter 8 of Title 32, 1976 S.C. Code**, as amended.
8. Deceased's agent may revoke this authorization within 12 hours of its execution by providing written notice to the Funeral Establishment that assisted in making these arrangements and the Cremation Authority designated to perform the cremation.



By signing this Cremation Authorization Form, I, as agent for the Deceased, agree that **Harris Funeral Home, Inc.** and **Evans Crematory** (Cremation Authority) and its respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains. However, said Funeral Establishment and Cremation Authority and its respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased's remains if said acts are performed in a grossly negligent manner.

**FURTHER, I, HEREBY, STATE THAT ALL REPRESENTATIONS AND STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE; AND, FURTHER, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND THE ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.**

AGENT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ (Specify a.m. or p.m.)

AGENT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ (Specify a.m. or p.m.)

AGENT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ (Specify a.m. or p.m.)

AGENT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ (Specify a.m. or p.m.)

AGENT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ (Specify a.m. or p.m.)

AGENT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ (Specify a.m. or p.m.)

AGENT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ (Specify a.m. or p.m.)