

# CREMATION AND FUNERAL ALTERNATIVES

Stephen D. Lohrmann P.A.

8717 Green Pastures Drive Baltimore, MD 21286-2100

## AUTHORIZATION REGARDING PREPARATION OF REMAINS

Name of Decedent: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

I (we), the undersigned, certify that I (we) have the status initialed by the undersigned below regarding the aforementioned decedent (**initial one**):

\_\_\_\_\_ I/we are closest living next of kin to the aforementioned decedent, and I (we) are in complete charge of the remains of the aforementioned decedent and as such possess full legal authority to execute this Authorization.

\_\_\_\_\_ I/we have made a good-faith effort to obtain authorization for disposition of the aforementioned decedent from any and all known next-of-kin of the aforementioned decedent, and I (we) therefore accept responsibility for the disposition of the aforementioned decedent and as such possess full legal authority to execute this Authorization.

I (we), the undersigned, hereby authorize and request that Cremation and Funeral Alternatives, Stephen D. Lohrmann P.A. ("CAFA"), or its assigns, prepare the body of the aforementioned deceased according to the choice or choices initialed by the undersigned below (**initial one or more**):

- \_\_\_\_\_ embalming, including restoration as needed,
- \_\_\_\_\_ bathing and disinfecting without embalming or restoration,
- \_\_\_\_\_ setting features for personal identification, without embalming, full bathing, or restoration
- \_\_\_\_\_ other: \_\_\_\_\_
- \_\_\_\_\_ removal and disposal of the following implants and/or medical devices: \_\_\_\_\_
- \_\_\_\_\_ recovery and return to the undersigned of the following items that are on or with the body:  
\_\_\_\_\_
- \_\_\_\_\_ none of the above

I/we, the undersigned, have been advised of the charges incurred as a result of the above instructions. I have also been advised of the likely results of the above instructions for the preservation and viewability of the remains. I/we, the undersigned, understand that CAFA and its affiliates do not guarantee any such results, which can be adversely affected by factors beyond CAFA's control (including prior procedures and delays). In the event that the undersigned ask to view the body of the aforementioned deceased, I/we understand that I/we may experience unpleasant sights or odors. I/we also understand that any items on or with the body of the aforementioned deceased will not be recovered unless specified above.

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless CAFA and its affiliates, officers, agents and employees from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation arising as a result of, based upon or connected with this authorization, including claims brought by any other person(s) claiming the right to control the disposition of the aforementioned decedent, or any other action performed by CAFA or its affiliates, officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Authorization, the undersigned warrant that all representations and statements contained on this form are true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (print): \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (print): \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_