

SECTION A: INFORMATION ABOUT THE DECEASED

1. DECEASED'S FULL NAME: _____ 2. SEX: _____
(LAST, First Middle)

3. DECEASED'S RESIDENTIAL ADDRESS _____
(number, street, city, province, postal code)

4. DATE OF DEATH (m/d/y): _____ 5. PLACE OF DEATH: _____ 6. TIME OF DEATH: _____

7. DATE OF BIRTH (m/d/y): _____ 8. PLACE OF BIRTH: _____ 9. AGE AT DEATH: _____

SECTION B: IMPLANTED DEVICES / RADIOACTIVE IMPLANT DISCLOSURE / IDENTIFICATION

1. **PACEMAKERS / DEFIBRILLATORS:** Implanted cardiac pacemakers and defibrillators must be removed prior to cremation. Failure to do so can cause personal injury or death to cremation staff and / or damage to the crematorium. The applicant shall notify their funeral service provider of such implanted devices and authorizes the funeral service provider or its agent to remove such devices.

DID THE DECEASED HAVE AN IMPLANTED PACEMAKER AND / OR CARDIAC DEFIBRILLATOR? **YES NO** Applicant's Initials: _____

2. **RADIOACTIVE IMPLANT THERAPY:** Some forms of disease (e.g., thyroid, prostate cancer) are treated with implanted radioactive 'seeds'. These radioactive implants pose a potential risk to funeral service staff, crematorium operators and the public. In some cases cremation may not be permitted where recent radioactive implants are present in the deceased. The applicant shall notify their funeral service provider of any such implants and shall accept the decision of the crematorium as to whether cremation may or may not be permitted.

WAS THE DECEASED TREATED WITH RADIOACTIVE IMPLANTS WITHIN THE LAST 12 MONTHS? **YES NO** Applicant's Initials: _____
(If YES, contact the crematorium immediately to ascertain cremation viability.)

FAILURE OF THE APPLICANT TO DISCLOSE THE PRESENCE OF ANY IMPLANTED DEVICES OR RADIOACTIVE TREATMENTS SHALL MAKE THE APPLICANT LIABLE FOR ANY PERSONAL INJURY, DEATH OR DAMAGES SUFFERED BY CREMATION STAFF OR THE CREMATORIUM.

3. **IDENTIFICATION:** The crematorium relies on the identification of the remains provided by the applicant and/or their funeral service provider. Under no circumstance will the crematorium open the casket or container delivered for cremation. The applicant and their agent are solely responsible for any damages, liabilities or costs that may arise from the cremation of human remains mistakenly identified as those of the deceased named above.

I have visually identified the remains of the above named deceased. **YES NO** Applicant's Initials: _____
or;

If **NO**, by declining to visually identify the remains of the deceased I accept the identity of the deceased as provided by any facility, organization or other service provider responsible for the shelter, care and/or transfer of the remains of the deceased.
Applicant's Initials: _____

SECTION C: DISCLOSURE OF FUNERAL SERVICE PROVIDER

1. NAME OF FUNERAL SERVICE PROVIDER: _____

2. ADDRESS OF FUNERAL SERVICE PROVIDER: _____

4. IMPLANTED PACEMAKERS / CARDIAC DEFIBRILLATORS MUST BE REMOVED PRIOR TO CREMATION. WAS A PACEMAKER / DEFIBRILLATOR PRESENT? **YES NO**

IF **YES**, WHO HAS REMOVED IT? Print Name: _____ Signature: _____

5. Was there any known infectious or contagious biohazard present at the time of death? **YES NO** Are the remains of the deceased embalmed? **YES NO**

6. What is the approximate combined weight of the remains of the deceased and the casket /container being used? **WEIGHT:** _____

7. NAME OF ARRANGING FUNERAL DIRECTOR (PRINT): _____ 8. SIGNATURE: _____

FAILURE OF THE APPLICANT, A FUNERAL DIRECTOR OR A FUNERAL SERVICE PROVIDER TO REMOVE OR HAVE REMOVED IMPLANTED DEVICES AND / OR HAZARDOUS MATERIALS PLACED IN A CASKET / CONTAINER SHALL MAKE THE APPLICANT, THE FUNERAL DIRECTOR AND THE FUNERAL SERVICE PROVIDER INDIVIDUALLY AND JOINTLY PARTY TO AND LIABLE FOR ANY PERSONAL INJURY, DEATH OR DAMAGES SUFFERED BY CREMATION STAFF OR THE CREMATORIUM.

SECTION D: CREMATION

1. DECEASED'S FULL NAME: _____ 2. SEX: _____
(LAST, First Middle)

3. DATE OF DEATH (m/d/y): _____ 4. TIME OF DEATH: _____ 5. AGE: _____

6. CASKET / CONTAINER: Human remains for cremation must be enclosed in a container that is constructed of combustible materials, is sufficiently rigid to ensure stability of its base, and is dry and secure. Signature of this form authorizes the crematorium to remove and dispose of any non-combustible materials, handles, decorative items or attachments that form a part of the exterior of any container or that form a part of post cremation residue.

DESCRIPTION OF CREMATION CASKET / CONTAINER: _____

7. HAZARDOUS / NON-COMBUSTIBLE ITEMS: Hazardous, non-combustible materials or objects (plastic, glass, batteries, etc.) shall not be placed into a casket / container being delivered for cremation. Prior to transfer to the crematorium the casket / container shall be inspected for such items and if present these items must be removed.

NAME OF PERSON WHO INSPECTED CASKET / CONTAINER INTERIOR: _____ Signature: _____

8. CREMATION: The crematorium is authorized to perform the cremation at its discretion and according to its time schedule? **YES** **NO**

If **NO** - Cremation is requested to occur: DAY: _____ DATE: _____ TIME: _____

WITNESS: The following person(s) will be in attendance to witness the commencement of the cremation at the day & time indicated above:

NAME(s): _____

9. URN: If no urn is supplied the crematorium shall place the cremated remains into a basic cardboard urn that is intended for temporary storage.

URN SUPPLIED? **YES** **NO** URN (Type/Model): _____

OTHER SPECIAL INSTRUCTION: _____

SECTION E: DISPOSITION OF THE CREMATED REMAINS

Cremation is only a step in the preparation of human remains for final disposition. Following cremation the legal representative of the deceased shall make arrangements for the final disposition of the cremated human remains. One of the following options shall be selected by the applicant.

HOLD: Pending final instruction (90 days maximum). Applicant's Initial: _____

I request that the cremated remains of the deceased be held in safekeeping at Royal Oak Burial Park. I understand the cremated remains will be held without instruction for a maximum of 90 days from the date of cremation and I agree to provide final disposition instructions for the cremated remains prior to the expiration of the hold period. After 90 days, and in the absence of final instructions being provided, I understand that a representative of Royal Oak Crematorium will contact me to discuss final disposition instructions.

RETURN: To legal representative or other family member or agent. Applicant's Initial: _____

I request that the cremated remains of the deceased be returned to the applicant or my agent named below. I understand that only the person / agent indicated herein shall be authorized to pick-up the cremated remains and that identification may be requested prior to release of the cremated remains. I agree that pick-up or the cremated remains will be made within 48 hours of notification they are available for pick-up. The applicant authorizes the following agent or person(s) to pickup the cremated remains on their behalf:

NAME OF AUTHORIZED AGENT (PRINT): _____ PHONE NO. OF AGENT: _____

RELATIONSHIP OF AGENT TO APPLICANT / DECEASED: _____

SECTION F: INFORMATION ABOUT THE APPLICANT / AUTHORIZATION

NAME OF APPLICANT: _____ RELATIONSHIP TO DECEASED: _____
(Print: LAST, First Middle)

ADDRESS: _____ PHONE: _____
(Residential address of applicant - no./street/city/province/postal code) (Area code & no.)

I certify that I am the legal representative of the above named deceased and under the 'Control of Disposition' provisions of Section 5(1) of the Cremation, Interment & Funeral Services Act of B.C. (see reverse) I have the authority to and do hereby authorize the cremation of the above named deceased. I agree to indemnify and hold harmless Royal Oak Crematorium, its officers and employees, from any liability, costs, expenses or claims resulting from this authorization.

SIGNATURE: _____ DATE: _____ WITNESS: _____