

# CREMATION AND DISPOSITION AUTHORIZATION

TO:

**West Shore Crematorium**  
4392 West Shore Parkway  
Langford, BC  
V9B 5Z1

Name of Deceased: \_\_\_\_\_ Gender: F  M  X

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Description of Container: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

I CERTIFY that I am the \_\_\_\_\_ of the deceased, and that under the "order of priority" provisions of section 5 of the Cremation, Interment and Funeral Services Act, I have the right to, and do hereby, authorize the cremation of the deceased and the disposition of the cremated remains, subject to the Act, the regulations, and the Bylaws of the Crematorium. I agree to indemnify and hold harmless the Crematorium and the Funeral Provider, their officers and employees, from any liability, costs, expenses or claims resulting from this cremation and disposition authorization. (See section 5, printed on the next page).

1. I have read and understand the disclosure information on page 2 regarding the cremation process.

Initials \_\_\_\_\_

2. I understand that all items and materials in the possession of the deceased (ie. jewelry, clothing, dentures etc) and all items placed in or are a part of the cremation container, will be considered destroyed and unrecoverable due to the nature of the cremation process.

Initials \_\_\_\_\_

3. I understand the following items cannot be cremated: plastics, glass or pressurized containers

Initials \_\_\_\_\_

4. I understand that the Cremated Remains will be released to the funeral home within 5 business days.

Initials \_\_\_\_\_

5. I understand surgically implanted devices (pacemaker, defibrillator, spinal cord stimulator, etc.) and radioactive nuclear therapy (brachytherapy seeds, radioisotope implant etc.) because of the danger of explosion or radioactive exposure, constitute a hazard to equipment and employees. I have indicated at right if any device is present, or treatment has taken place and instruct the funeral director or qualified individual to remove prior to cremation. I am liable for any damage or injury if I fail to disclose presence of any device or treatment.

IMPLANT DEVICE: YES NO

NUCLEAR THERAPY:  
YES NO

6. I understand I must declare if the deceased had a communicable disease at time of death; and have indicated at right.

COMMUNICABLE DISEASE:  
YES NO

\_\_\_\_\_  
**FUNERAL DIRECTOR**

I have explained this form, witnessed the signature, and will see to any removals as directed; the casket/container is free of any extraneous material.

**Simply Cremations & Funeral Services**

2444 Bevan Avenue  
Sidney BC, V8L 5C5

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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