

Horizon Cremation Center

Disclosures and Acknowledgements

This document relates to certain disclosures that we are required by law or rule to make to you concerning the cremation service/merchandise you selected. Only those items marked are applicable to the cremation service/merchandise you selected.

Disclosures:

Authority of Authorizing Agent

I (We) the undersigned, hereby certify that I (we) are the closest living next of kin to the decedent and that I (we) are related as his/her _____, or that I (we) otherwise serve in the capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such possess full legal power and authority to execute this document as well as the Cremation Authorization.

Cremation Authorization Next of Kin Affidavit

I, the undersigned certify that, I _____, have made all reasonable efforts to contact my next of kin and have no reason to believe that any next of kin would object to the cremation of _____.

Identification

- The representative has viewed the remains and positively identified them as the body of the decedent.
- The representative elects not to identify the remains and authorizes the final disposition of the body of the decedent by the crematory without positive identification.

Urn Capacity

I, the undersigned, understand and acknowledge that the capacity of the urn may be insufficient to hold all of the cremated remains of _____.
I further understand and acknowledge that any excess cremated remains that are not placed in the urn due to lack of capacity will be placed in a different container and delivered with the urn to the authorized person.

Disposition Directions

I, the undersigned, authorize and direct Horizon Cremation Center to surrender the cremated remains of _____ to the following person:

The undersigned hereby represents that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility of disposition of the remains after cremation. The undersigned further represents that the recipient has been notified of this authorization and has been instructed to call Horizon Cremation Center within 60 days for the cremated remains. If the recipient does not pick up the cremated remains within the 60-day period, Horizon Cremation Center and its affiliates shall have no responsibility for the cremated remains and may dispose of the said cremated remains in any lawful manner.

Special Circumstances:

Acknowledgements:

General Price List, Cremation Container & Cremation Merchandise Price Lists

I/We acknowledge that we were shown current General Price Lists, Cremation Container & Cremation Merchandise Price Lists prior to discussing those prices for services and/or merchandise. I/We further acknowledge that we were offered the General Price List for retention.

Hold Harmless and Indemnification Agreement

I/We agree to hold Horizon Cremation Center and its affiliates, employees, officers, directors, agents, shareholders, successors, or assigns harmless and to indemnify them for and from any liability, costs, expenses or legal fees with respect to any and all legal claims arising from this authorization of cremation.

I/We have read the above disclosures and acknowledgements and understand only those items marked are applicable. I/We further acknowledge that all marked items were clearly explained and I/we accept them as part of our agreement.

Authorized Representative: _____ Date: _____

Authorized Representative: _____ Date: _____

Authorized Representative: _____ Date: _____

Authorized Representative: _____ Date: _____

Authorized Representative: _____ Date: _____

Facsimile Transmission Approval

I hereby warrant that I am the person listed on this document as the Authorizing Agent(s), legally permitted to execute this form and that I have executed this form in the presence of a Notary Public, as described below.

I agree to hold Horizon Cremation Center and Kansas Cremation Services harmless and to fully indemnify it for any such action that it takes based upon a facsimile transmission or any other electronically reproduced copy of these forms. I further warrant that I will arrange for the original version of these documents, that bear my actual signature, to be delivered directly to Horizon Cremation Center without delay.

Authorized Representative: _____ Date: _____

Authorized Representative: _____ Date: _____

Authorized Representative: _____ Date: _____

Authorized Representative: _____ Date: _____

Authorized Representative: _____ Date: _____

Notary Public Acknowledgement

State of _____ County Of _____
Date _____