

CREMATION DISCLOSURE FORM EVERGREEN MEMORIAL GARDENS, INC.

As required by Washington State Law, human remains must either be embalmed or refrigerated within 24 hours of receipt by a funeral director or crematory. At EVERGREEN MEMORIAL GARDENS, INC., there is a charge for either service and your "Statement of Goods and Services" selected will reflect the appropriate charge as selected by you. In general, if the cremation is delayed beyond three days for reasons not directly under the control of EVERGREEN MEMORIAL GARDENS, INC., you will be charged additional refrigeration charges.

Cremation is a process through which human remains are reduced to elemental bone fragments (approximately 6-9 pounds) through a process of subjecting the body to intense heat and flame at a temperature that may exceed 1600 degrees Fahrenheit. For handling and sanitation purposes, it is the policy of EVERGREEN MEMORIAL GARDENS, INC. and in accordance with WAC 308-47-030 that the body be placed in a rigid enclosed container. Any casket or cremation container in which the human remains are encased is consumed in the cremation process.

Certain portions of the casket may not be combustible, such as handles, hinges, latches, nails, or screws. These materials are removed from the cremation chamber or the cremated remains by visual selection, magnetic selection or a combination of both. Certain types of caskets are not combustible such as fiberglass or metal caskets. If one of these is delivered to EVERGREEN MEMORIAL GARDENS, INC., the remains will be transferred to an alternative container and cremated, and the casket will be destroyed. It is the responsibility of the funeral director to notify you if these circumstances pertain to the cremation you are authorizing.

Upon completion of the cremation process, all recoverable cremated remains will be swept from the cremation chamber, together with any noncombustible materials which accompanied the body. Remains thus recovered will be cleaned of the foreign materials such as casket parts, prostheses and similar materials. Prostheses and other foreign elements recovered from cremated remains will be disposed of by burial on the grounds of EVERGREEN MEMORIAL GARDENS, INC. or in such a manner as EVERGREEN MEMORIAL GARDENS, INC. may deem advisable in accordance with state law, unless otherwise directed.

Unless otherwise requested, the cremated remains will then be processed into unidentifiable bone fragments. Processing is accomplished by a mechanical grinding and crushing procedure. The bulk of the processed cremated remains will be returned. However, some will be irreclaimable during processing and containerization.

Following processing, all recoverable cremated remains will be placed in a temporary container or in the urn ordered by you. Should the volume of cremated remains be such as to exceed the capacity of the container to be used, any additional cremated remains will be placed in a separate container or disposed of as you have authorized. EVERGREEN MEMORIAL GARDENS, INC. assumes no responsibility for the temporary or permanent disposition or storage of cremated remains unless specifically authorized and ordered by a separate contract. Cremated remains for which no disposition instructions have been made nor financial arrangements completed are subject to the provisions of Washington Administrative Code 308.47.070, which authorizes the disposition of unclaimed cremated remains in a common burial site.

FOR YOUR INFORMATION

The State of Washington does not require that cremated remains be placed in a cemetery or other permanent disposition site. However, this does not mean that cremated remains can be scattered or otherwise disposed of upon public domain or upon private property of another person without permission. (Public domain is any land owned by federal, state, county or municipal governments and included forests, lakes, streams and salt water areas.) If the decedent had a radiation producing implant device or received any type of radioactive drug, it is recommended that the cremated remains be kept in a sealed metal urn and buried, not scattered.

One can be assured of proper disposition only upon one's own private property or within a cemetery or columbarium. Consideration should be given against placement upon your private property since in due course the property will be owned by another. If you do decide to scatter cremated remains on your private property, we recommend that it be done by a friend rather than a family member. This is because cremated remains are not ashes. Even though they are unidentifiable, they are bone fragments, and the scattering of them may be a difficult emotional task for someone of close relationship to the deceased.

Retention of cremated remains is permitted in Washington. However, should you move to another state with the cremated remains in your possession, you will be subject to the laws of that state - which may prohibit such possession. Serious consideration should be given against retaining the cremated remains, since their disposition will become your heir's responsibility at your demise.

To maintain the highest level of security, Transportation Security Administration determined that documentation from a funeral home about the contents of a crematory container is no longer sufficient to allow the container through a security checkpoint and onto a plane. Since February of 2004, all crematory containers must pass through an X-ray machine. If a container is made of a material that prevents screeners from clearly seeing what is inside, the container will not be allowed through the checkpoint. Out of respect for the deceased, screeners will not open a container, even if requested by the passenger. TSA recommends that passengers transport remains in temporary or permanent "security friendly" containers constructed of lightweight materials such as plastic or wood.

The recommended method of disposition is placement of the cremated remains in an endowment care cemetery or columbarium. The cost is nominal and the placement is permanent. It also affords the surviving family an opportunity to visit the site as the years go by, to remember and reflect.

IF WE CAN ANSWER ANY OTHER QUESTIONS, PLEASE DO NOT HESITATE TO ASK.

Cremation # _____

AUTHORITY TO CREMATE

Evergreen Memorial Gardens

Evergreen Staples

The undersigned hereby requests and authorizes EVERGREEN MEMORIAL GARDENS, INC. to cremate the remains of

_____ contained in _____
(deceased) (describe container)

Date of Birth _____ / _____ / _____ Date of Death _____ / _____ / _____

The cremated remains are to be placed in _____
(type of urn)

Supplied by _____ (other urns) inurned/buried at _____
(cemetery)

or released to _____
(name) (relationship to deceased) (form of ID)

Other instructions, or special handling requirements: _____

I have read the Disclosure Form on the reverse side of my copy of this form and understand the cremation process.

I hereby certify that I have the right to authorize this cremation and the disposition of the cremated remains. I further agree that I will hold harmless and indemnify EVERGREEN MEMORIAL GARDENS, INC. from any claims on the contrary.

Persons authorizing cremation shall at his or her sole expenses agree to defend, hold harmless and indemnify EVERGREEN MEMORIAL GARDENS, INC., its officers, directors, employees and agents from any claim, liability, suit, cause of action, cost or expense (including, without limitation, reasonable attorney's fees incurred) resulting, in any way, from reliance on or performance consistent with the direction, declarations, representations, authorizations and agreements herein, including, but not limited to any delay in or damage arising from the transportation of the decedent's body or cremated remains.

PACEMAKER ALERT: The deceased _____ **HAS** / _____ **HAS NOT (PLEASE INITIAL)** had a heart pacemaker or any other life-sustaining device implanted that could be explosive. If the decedent has been fitted with a heart pacemaker, I authorize the funeral director or other authorized personnel to remove it prior to cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible, I will be liable for any damages to the crematory or injury to the crematory personnel.

RADIATION ALERT: The deceased _____ **HAS**/ _____ **HAS NOT (PLEASE INITIAL)** had a radiation producing implant device or received any type of radioactive drug such as Metastron which contains Strontium-89. Extra protective equipment is needed as well as extensive clean-up procedures during and following the cremation process. I also agree that in the event of my failure to notify the funeral director or any others responsible, I will be liable for any damages to the crematory or injury to the crematory personnel.

I understand that because of the nature of the cremation process, any valuable material remaining with the body, including dental gold, will be consumed or will not be recoverable. Any personal possessions have been removed from the remains or, if not, I order them destroyed in the cremation process. I hereby authorize EVERGREEN MEMORIAL GARDENS, INC. to dispose of any materials, prostheses, or other foreign elements separated from the cremated remains by burial on its grounds or in such other manner as it may deem advisable in accordance with Washington State Law.

I understand recoverable remains in excess of the capacity of the urn or temporary container selected by me are to be placed in a separate container for disposition as directed by me, or they are to be disposed of by EVERGREEN MEMORIAL GARDENS, INC. in such manner as it deems advisable.

After 60 days, the undersigned will be assessed a storage fee for cremated remains held for two years maximum in our receiving vault.

I certify that I have received the Cremation Disclosure Form, which is found on the reverse side of my copy of the Authority to Cremate. This authorization must be signed in the presence of a funeral director, or person acting as such, or notarized.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Relationship: _____ Relationship: _____

Date & Time: _____ Date & Time: _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Telephone #: _____ Telephone #: _____

Funeral Director/Witness Signature: _____

Subscribed and sworn before me this _____ day of _____, 20____.

My Commission expires: _____

Notary Public: _____

Notary Seal:

