



Herson Wagner

FUNERAL HOME

“CUSTOMER’S DESIGNATION OF INTENTIONS”

Name of Deceased: _____

Cremation: _____ South Waverly, PA
(Schedule Date) (Location)

Manner of Disposition of Cremains:

- Burial at: _____ Return to: _____
- Entombment at: _____ Other: _____

Disposition of Cremains Designated by: _____
 _____ (Signature)
 _____ (Address)
 _____ (City) _____ (State) _____ (Zip)
 _____ (Phone)

“Cremains which shall not have been claimed within 120 days from the date of cremation may be disposed of by this firm, in the following manner of disposition: ___burial____.”

 (Name of Funeral Director or Undertaker) (Signature of Funeral Director or Undertaker) (Date)

TO BE COMPLETED FOLLOWING CREMATION

RECEIPT

CREMAINS RECEIVED:
by

Print Name

Signature of Person

Date

NBC, South Waverly, PA
(Location of Crematory)

Return to family
(Manner of Disposition)

(Location)

(Date)

(Name of Person Making Disposition)

Number _____

Northern Bradford Crematory

502 North Keystone Avenue, South Waverly, PA 18840
(570) 888-8188 Fax (570) 888-3288

Authorization for Cremation and Disposition

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request NORTHERN BRADFORD CREMATORY (here after NBC), in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the human remains of _____

(the decedent) and arrange for the final disposition of the cremated remains, as set forth on this form.

I (We) have identified the human remains that were delivered to the Herson Wagner Funeral Home as the decedent and have authorized the Funeral Home to deliver the decedent to NBC, for cremation.

I (We) have read the reverse side of this document entitled "NBC Policies, Procedures and Requirements", and hereby authorize NBC to perform the cremation of the decedent in accordance with this document.

INITIALS OF AUTHORIZING AGENT _____

Identification

Date of Death _____ Time of Death _____ AM PM

Place of Death (City) _____ County _____ State _____

Pacemakers, Prostheses, Silicon & Radioactive Implants

1. The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent that should be removed prior to cremation:

I (We) have instructed the Funeral Home to remove or arrange for the removal of these devices and to dispose of them properly prior to transporting the decedent to NBC.

INITIALS OF AUTHORIZING AGENT _____

2. The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory personnel and equipment.

INITIALS OF AUTHORIZING AGENT _____

Time of Cremation

I (We) authorize NBC to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

INITIALS OF AUTHORIZING AGENT _____

Final Disposition

After cremation has taken place, the cremated remains have been processed, and the processed cremated remains placed in the designated receptacle, NBC will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize NBC to release, deliver, transport, or ship the cremated remains as specified.

Release, for pickup by Funeral Home; OR Deliver to: HERSON WAGNER FUNERAL HOME

INITIALS OF AUTHORIZING AGENT _____

Authority of Authorizing Agent

I (We), the undersigned, hereby certify that I (We) am the closest living next of kin of the decedent and that I (We) am related to the decedent as His/her _____ or that I (We) otherwise serve (served) in the capacity of _____ to the decedent, that I (We) have charge of the remains of the decedent and as such possess full legal authority ad power, according to the laws of the state of NEW YORK to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I (We) am aware of no objection to this cremation by any spouse, child, parent, or sibling.

Limitation of Liability

As the authorizing agent(s), I (We) hereby agree to indemnify, defend and hold harmless NBC, the Funeral Home listed above, their officers, agents and employees, of and from any and all claims, demands, causes or cause 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 the failure to properly identify the decedent or the human remains transmitted to NBC, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by NBC, the Funeral Home listed above, their officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

INITIALS OF AUTHORIZING AGENT _____

Signatures of Authorizing Agent(s)

THIS IS A LEGAL DOCUMENT IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Cremation Authorization Form, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce NBC to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at Herson Wagner FH this _____ day of _____ 20 _____

Name (Print) _____ Signature _____

Relationship to Decedent _____ Phone No. _____

Address _____

Signature of Funeral Director as witness: _____

Name and Address of Funeral Home: HERSON WAGNER FUNERAL HOME 110 S. GENEVA STREET, ITHACA NY 14850

Herson Wagner Funeral Home

110 S. Geneva Street
Ithaca, NY 14850
(607) 272-2821

Number: _____
Date: _____
Name of Deceased: _____
Date of Death: _____
Place of Death: _____

F. Use of the facilities
1. Use of the facilities for visitation..... \$ _____
2. Use of the facilities for the funeral..... \$ _____
3. Other use of the facilities (specify) _____ \$ _____

G. Livery
1. a. Hearse or..... \$ _____
b. Alternative vehicle \$ _____
(Specify Type:)
2. Flower vehicle \$ _____
3. Limousine(s)..... \$ _____
Specify number: 0 @ \$ 0.00/Limousine
4. Pallbearer car \$ _____
5. Passenger car(s) \$ _____
Specify number: 0@ \$N/A/Car
6. Lead / Clergy car(s)..... \$ _____
Specify number: 0@ \$N/A/Car

H. Merchandise
1. Casket..... \$ _____
a. Supplier: _____
b. Model name or number: _____
c. Material: Species of wood: _____
or Kind of Metal: _____ weight or gauge: _____
d. Interior _____
or alternative container \$ _____
(describe) _____

2. Outer Interment Receptacle \$ _____
a. Supplier _____
b. Model name or number _____
c. Material _____
3. Urn \$ _____
a. Description _____

I. Additional Service and Merchandise Selected (Describe and show price)
1. Register Book \$ _____
2. \$ _____
3. Acknowledgment Cards \$ _____
4. Crucifix / Cross \$ _____
5. Flowers..... \$ _____
6. Clothing or Burial Garments..... \$ _____
7. Vault Company Equipment \$ _____
8. Temporary Grave Marker..... \$ _____
9. \$ _____
10. \$ _____
11. \$ _____
12. \$ _____
13. \$ _____

J. Limited Services
1. Forwarding remains to \$ _____
2. Receiving remains from \$ _____

TOTAL OF FUNERAL HOME CHARGES..... \$ _____
AUTHORIZATION INITIAL. _____

ITEMIZATION OF FUNERAL SERVICES AND MERCHANDISE SELECTED

The following are the charges for the services, merchandise, and livery you have selected. You will not be charged for any item you do not choose unless it is necessary because of other selections you have made. Any such charges are explained below.

I. FUNERAL HOME CHARGES (Indicate N/A for items of service and/or merchandise that are not provided)

A. Alternative Services
1. Direct Cremation \$ _____
2. Direct Burial..... \$ _____

B. Transfer of remains to the funeral establishment including personnel, equipment and vehicle. \$ _____

C. Preparation of Remains
1. Embalming (including use of preparation room) \$ _____

If you select a funeral for which this firm requires embalming such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you do not approve if you select arrangements such as direct cremation or direct burial. If we charge for embalming, we will explain why below.

2. Other Preparation (including use of preparation room but excluding embalming)
a. Topical Disinfection \$ _____
b. Custodial Care \$ _____
c. Dressing / Casketing \$ _____
d. Cosmetology \$ _____
e. Restoration..... \$ _____
f. Hairdressing..... \$ _____
g. Other (specify) \$ _____
h. \$ _____

D. Arrangements
Basic arrangements: including funeral director, other staff, equipment and facilities to respond to initial request for service, the arrangements conference, securing of necessary authorizations and coordination of service plans with parties involved in the final disposition of the deceased. \$ _____

E. Supervision (Funeral Director and Staff)
1. Supervision for Visitation..... \$ _____
2. Supervision for Funeral Services..... \$ _____
3. Supervision for Memorial Services \$ _____
4. Supervision for Graveside Services..... \$ _____
5. Other Supervision \$ _____

II. Cash Advances

These are estimated charges for items to be paid to others. We will charge you no more for these items than is actually paid the third parties.

(Describe and show estimated charges).

- 1. \$
2. \$
3. \$
4. \$
5. \$
6. \$
7. \$
8. \$
9. \$
10. \$
11. \$
12. \$

ESTIMATED TOTAL OF CASH ADVANCES \$

III SUMMARY OF CHARGES

- 1. FUNERAL HOME CHARGES \$
2. CASH ADVANCES..... \$
TOTAL FUNERAL CHARGES..... \$

ADDITIONS OR ALTERATIONS OF SERVICES AND MERCHANDISE SELECTED. The following changes represent items of service and/or merchandise order altered subsequent to the original funeral agreement.

AUTHORIZATION INITIAL. _____

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
Total Adjustment to Funeral Charges \$
ADJUSTED TOTAL..... \$
Credit \$
Total Amount Paid..... \$
BALANCE OF FUNERAL CHARGES \$

IV. EXPLANATION OF CHARGES
Explain charges for embalming and for any items that are not required by law but may be necessary because of cemetery requirements, crematory requirements or other selections made.

Signature of Licensed Funeral Director Date
Stephen M. Sedlock
Printed or Typed Name of Funeral Director

Acknowledgment of Receipt
I have received this itemization of funeral services and merchandise selected.

Signature Date

PUBLIC NOTICE: THE NEW YORK STATE DEPARTMENT OF HEALTH IS RESPONSIBLE FOR LICENSING AND REGULATING NEW YORK STATE FUNERAL DIRECTING UNDER THE PUBLIC HEALTH LAW. YOU MAY CONTACT THE DEPARTMENT AT: BUREAU OF FUNERAL DIRECTING, NEW YORK STATE DEPARTMENT OF HEALTH, 433 RIVER STREET., SUITE 303, TROY, NEW YORK 12180-2299.

EXCLUSION OF WARRANTY. The only warranties, express or implied, granted in connection with the goods sold with this funeral service are the express written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose are extended by the funeral director.

CONTRACTUAL AGREEMENT
STATEMENT OF GOODS AND SERVICES SELECTED

The funeral Home named in the above itemization of Funeral Services & Merchandise Selected agrees to render the services and furnish the merchandise specified in said itemization, and the undersigned purchaser(s) agrees to pay for the same the sum of _____ under "Terms of Payment" referenced below.

Stephen M. Sedlock
Printed or Typed Name of Funeral Director
Signature of Licensed Funeral Director

The undersigned purchaser(s) hereby attest to the following: (1) I/We authorized the above named funeral home to embalm not to embalm the deceased named above. (2) I/We were shown a Casket Price List and Outer Interment Receptacle Price List before the showing of Caskets and Outer Interment Receptacles. (3) I/We were given/offered for retention a General Price List upon the beginning of a decision of funeral arrangements and/or selection of services and merchandise. (4) The above itemization of Funeral Services & Merchandise Selected has been read by (to) me/us and I/We acknowledge receipt of a copy of same and a copy of this Contractual agreement.

TERMS OF PAYMENT: This account becomes due 1 month post services. If bill remains unpaid beyond 30 days a late charge of 0.83% per month (annual rate) 10.00% may be added to the unpaid portion of the balance due. Purchaser(s) agrees to pay reasonable attorney fees, court costs and other courts costs of collection if incurred in the collection of this debt.

I, or We, having read the above, accept and approve same, and jointly and severally promise to pay the sum stipulated in the Itemization of Funeral Services and Merchandise Selected, plus charges for any additional services and merchandise as ordered by me/us, said payment to be made according to the TERMS OF PAYMENT set forth above.

MR. MRS. MISS
Signature of Purchaser or Co-Purchaser
Address
City and State Zip Code
Phone Number
Social Security Number