

CREMATION AND FUNERAL ALTERNATIVES

Stephen D. Lohrmann P.A.

8717 Green Pastures Drive Baltimore, MD 21286-2100

AUTHORIZATION FOR DISPOSITION OF REMAINS

Name of Decedent: _____ Age: _____

Date of Death: _____ Time of Death: _____

I (we), the undersigned, certify that I (we) have the status initialed by the undersigned below regarding the aforementioned decedent (**initial one**):

_____ I/we are closest living next of kin to the aforementioned decedent, and I (we) are in complete charge of the remains of the aforementioned decedent and as such possess full legal authority to execute this authorization form and to arrange for the disposition of the aforementioned decedent.

_____ I/we have made a good-faith effort to obtain authorization for disposition of the aforementioned decedent from any and all known next-of-kin of the aforementioned decedent, and I (we) therefore accept responsibility for the disposition of the aforementioned decedent and as such possess full legal authority to execute this authorization form and to arrange for the disposition of the aforementioned decedent.

I (we), the undersigned, hereby authorize and request that the body of the aforementioned deceased be released into the custody of Cremation and Funeral Alternatives, Stephen D. Lohrmann P.A. ("CAFA") for the purpose of disposition.

I (we), the undersigned, hereby authorize and request that the disposition of the body of the aforementioned deceased be the choice initialed by the undersigned below (**initial one**):

_____ cremation,
_____ burial,
_____ other (specify): _____.

I/we, the undersigned, certify that by authorizing the above-specified disposition, I/we are not knowingly contravening a legally valid advance directive by the aforementioned deceased.

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless CAFA and its affiliates, officers, agents and employees from any and all claims, demands, causes or causes 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 claims brought by any other person(s) claiming the right to control the disposition of the aforementioned decedent, or any other action performed by CAFA or its affiliates, officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Authorization, the undersigned warrant that all representations and statements contained on this form are true and correct.

Signed: _____ Date: _____

Name (print): _____ Relationship to decedent: _____

Address: _____ Phone: _____

Signed: _____ Date: _____

Name (print): _____ Relationship to decedent: _____

Address: _____ Phone: _____

Signed: _____ Date: _____

Name (print): _____ Relationship to decedent: _____

Address: _____ Phone: _____

Signature of Mortician as Witness: _____