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| DIRECTIONS TO MAIL CREMATED REMAINS 1. **PARTIES:**  "FUNERAL HOME":\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Funeral Home)  "REPRESENTATIVE":  (Use Reverse Side (Name of Representative)  for Additional Names)  "DECEDENT":  (Name of Decedent)  "URN":  (Describe Urn or Container Holding Cremated Remains)  2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box)   * Spouse * Next-of-Kin (Closest Living Relative) * Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.   🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the cremation and disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.   1. **AUTHORIZATION TO MAIL CREMATED REMAINS:** The United States Postal Service will only ship cremated remains by Priority Express Service. Accordingly, the REPRESENTATIVE directs the FUNERAL HOME to mail the cremated remains enclosed in the URN by using Priority Express Service with a return receipt to the following recipient at the address listed below (P.O. box is not acceptable):   Name:  Address:     1. **INDEMNIFICATION:** The REPRESENTATIVE acknowledges that there is always a risk that the cremated remains and/or the URN could be lost, misplaced, delayed, damaged or destroyed in shipment. The REPRESENTATIVE agrees to release and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this direction to mail the cremated remains of the DECEDENT or the FUNERAL HOME’s reliance thereon.   **DATE:**  **SIGNATURE OF REPRESENTATIVE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |