

AUTHORIZATION TO PLACE CREMATED REMAINS INTO URN AND/OR CREMATION CONTAINER KEEPSAKE

Name of Deceased: _____ Date of death: _____

The undersigned hereby represents and warrants to be the next of kin to the decedent or the designated representative of the next of kin or the person(s) with legal right and authority by law to control the disposition of the above-named deceased and requests and authorizes the Johnson Family Funeral Home to transfer the said cremated remains of the above-named deceased into a cremation keepsake container/urn. It is understood and agreed that the funeral home is placing the cremated remains into the container of the family's choice. The Johnson Family Funeral Home is not liable for sealing the keepsake container/urn permanently. If the families chooses to permanently seal the keepsake container/urn they will have to do it themselves. All cremation keepsake containers/urn seal differently and because of this we cannot be held liable for permanently sealing the keepsake container/urn. **Please sign here acknowledging you fully understand this paragraph.**

_____.

Discription of the KEEPSAKE CONTAINER/URN(S):

- | | |
|-----------|-----------|
| 1). _____ | 2). _____ |
| 3). _____ | 4). _____ |
| 5). _____ | 6). _____ |

The undersigned hereby attests the funeral home, it officers, employees or sellers have made no representations, warranties, claims of merchantability, fitness, protectiveness, air or water tightness or sealability or durability to me/us. All warranties of all kinds are hereby expressly disclaimed, including implied warranties for fitness and merchantability.

In so witnessing, the undersigned agrees to release and forever discharge the funeral home, its affiliates, officers, employees, agents and representatives from any and all liabilities, losses, damages, and injuries, known or unknown, claims or mental or physical distress or anguish, and agrees to defend and indemnify the funeral home from any claims, causes of action or suits of any kind that may arise from or in any way are related to the above container breaking, coming open, sealing the container and or losing the cremated remains from the container.

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Representative of the Funeral Home: _____