



Cremation Self-Consent Form

3620 E. Wier Avenue, Phoenix, Arizona 85040 | T (877) 738-6111 | F (877) 738-5222 | www.GenLifeInstitute.com

I, _____ hereby authorize and direct GenLife Institute to cremate the remains of my body as indicated by the disclosures in this document.

PLEASE SELECT ONE OPTION BELOW:

____ I hereby grant consent for my cremation. I request that my partial cremated remains be returned to my designated next-of-kin. I understand that if no next-of-kin can be identified or located, GenLife Institute or its designee will dispose of my cremated remains in accordance with applicable laws. I understand that cremated remains will be returned within three weeks to nine months.

____ I hereby grant consent for my cremation. I request that my next-of-kin NOT receive any cremated remains. I designate GenLife Institute or its designee to dispose of my cremated remains in accordance with applicable laws.

I understand that cremation is required as part of the donation process. At no time will non-cremated remains be returned to my next-of-kin or any member of my family or estate. I understand that my next-of-kin may remove or request the removal of personal items from my body at the time of this gift. If no request is made, all personal affects will be destroyed if uncollected prior to the donation or if a next-of-kin could not be located.

I understand that medical devices including but not limited to pacemakers create a hazardous condition during the cremation process and must be identified and possibly removed prior to cremation. All prostheses, bridgework, or similar items will be discarded after the cremation is completed. Gold inlays, dental gold, rings and jewelry will lose their identity and will also be discarded.

I understand that cremated remains do not include tissues that have been recovered for medical research, training or educational purposes.

I authorize GenLife Institute and/or its designee to arrange for the final disposition of my donated tissues in any manner compliant with local, state or federal laws. I agree to release from liability, GenLife Institute, the Crematory and its affiliates, agents and employees against loss from any and all claims, damages or demands that may be made by or declared against it or them. This includes claims due to by failure to disclose the existence of implanted devices or personal affects.

I understand that the Crematory will make every effort to avoid inadvertent or incidental commingling or minute particles as part of the cremation process. I understand that cremated remains will be placed in a temporary, rigid container designed for the shipping of cremated remains.

X _____
Donor's Signature (Must be 18-years-of-age or greater.) Donor's Printed Name Date Signed

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

The undersigned acknowledge that the donor signed this document. The donor's act in signing this document appeared to be his/her free and voluntary act.

X _____
Witness Signature (Must be 18-years-of-age or greater.) Witness Printed Name Date Signed

X _____
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