



# Honor, Dignity & Respect

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CharlestonCremationCenter.com

## PRE-NEED AUTHORIZATION FOR CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF:

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DATE OF BIRTH

The undersigned does hereby authorize **Charleston Cremation Center and Funeral Home** to take full possession of and make arrangements for the cremation of my remains at *Charleston Cremation Center and Funeral Home*, being specifically authorized to carry out the process of cremating my remains, in accordance with the provisions of Chapter 8 of Title 32, 1976 SC Code, as amended, upon receipt of my remains.

I further authorize and instruct **Charleston Cremation Center and Funeral Home** to properly dispose of any items, other than my remains, including but not limited to: body prostheses, dentures, dental bridgework and dental fillings that are recovered from the cremation chamber.

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows:

\_\_\_\_\_  
**THE CREMATION, PROCESSING AND DISPOSITION OF MY REMAINS, AS AUTHORIZED HEREIN ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF CHARLESTON CREMATION CENTER AND FUNERAL HOME. SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:**

1. My remains will not be accepted by **Charleston Cremation Center and Funeral Home** unless they are in a casket, cremation casket or an approved alternative container, or unless Charleston Cremation Center and Funeral Home has made arrangements to provide the casket, cremation casket or an alternative container before cremation.
2. **Charleston Cremation Center and Funeral Home** shall separate and remove from the cremation chamber all non-combustible materials; including but not limited to: hinges, latches, nails, jewelry and precious metals, and **Charleston Cremation Center and Funeral Home** shall dispose of such materials as provided by law and/or as instructed herein.
3. Unless specifically authorized herein, **Charleston Cremation Center and Funeral Home** shall not simultaneously cremate my remains with those of any other person.
4. The services of **Charleston Cremation Center and Funeral Home** are deemed to be fulfilled when my cremated remains are returned to the custody of: \_\_\_\_\_
5. **Charleston Cremation Center and Funeral Home** is hereby authorized to dispose of my cremated remains as follows: \_\_\_\_\_
6. I, the undersigned, understand that I have the right to revoke this authorization at any time, by providing written notice to **Charleston Cremation Center and Funeral Home** which assisted in making these arrangements and has been designated to perform the cremation.
7. No person may revoke this authorization subsequent to the death of the undersigned.

By signing this Cremation Authorization Form, I, the undersigned, agree that **Charleston Cremation Center and Funeral Home** and their respective agents, employees and assigns shall be held harmless in regard to any and all loss, damage or liability or causes of action in connection with the cremation, processing and disposition of my remains. However, **Charleston Cremation Center and Funeral Home** and their agents, employees and assigns shall not be held harmless for any acts in regard to the cremation, processing and disposition of my remains if said acts are performed in a grossly negligent manner.

Further, I hereby state that all representations and statements made by me are true and correct to the best of my knowledge and further, that I have read and understand the provisions contained in this document and the attached explanatory information regarding the cremation process.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_