



Honor, Dignity & Respect
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 CharlestonCremationCenter.com

AFFIDAVIT OF STATUTORY PRIORITY OF AGENT(S) FOR AT-NEED CREMATION AUTHORIZATION

The Undersigned (hereinafter referred to as "Affiant or Affiants"), and who being duly sworn, hereby declare, warrant and represent that the undersigned Affiant (s), pursuant to the South Carolina Safe Cremation Act (South Carolina Code Section 32-8-300,et.seq.and as amended), is (are) authorized as and does herein expressly and absolutely authorize _____, hereinafter referred to as "Funeral Home" and, if applicable, the licensed establishment handling the actual cremation, _____ hereinafter referred to as "Crematory", to cremate the remains of: _____ (hereinafter referred to as the "decedent").

WARRANTY OF AUTHORITY OF AUTHORIZING AGENT: I (We) represent that we understand that the Funeral Home and/or Crematory is absolutely relying on this Affidavit of Agent Order of Priority of Authorization to perform and accomplish the requested cremation of the decedent; and the undersigned Affiant(s) herein represent and warrant that there is **no** person(s) of a higher authority, or in a prior class of authority, reasonably available to make or object to the execution of this authorization to cremate the decedent by me (us). If the undersigned Affiant is a spouse, I do herein represent and warrant there is no legal proceeding filed seeking a divorce between the decedent and the undersigned Affiant. If the undersigned Affiant (s) are involved by virtue of there being more than one (1) member of my (our) same class as defined by order of priority in SC Code Section 32-8-320 (A), who is (are) entitled to authorize the cremation of the decedent, then the undersigned Affiant (s) represent and warrant that this authorization to cremate is being made by me (us) as a member of the same class pursuant to SC Code Section 32-8-320 (B) as I (we) as a member (s) of this class do **not** know of an objection by another member within this same class; provided, however, that if an objection is known to me (us), then this authorization to cremate is being made by a majority of the members of the same class who are reasonably available to so authorize it. If the undersigned Affiant (s) exhibited special care and concern for the decedent and there are no person (s) serving as decedent's agent as provided for in Code

Section 32-8-320 (A) and (D) (1) or (2), then the Affiant so represents and warrants the eligibility of Affiant of this special relationship authority under (D) (3) of SC Code Section 32-8-320. The undersigned Affiant (s) further warrant that I (we) possess full legal authority and power, according to the laws of the state of South Carolina, to execute this Affidavit of Agent's Statutory Priority of Authorization to Cremate and to arrange for the cremation and disposition of the cremated remains of the decedent. The undersigned Affiant (s) also state that I (We) take full responsibility for this authorization and I (we) assume all responsibility for its directive; and that I (we) herein release all claims (including punitive), known and unknown, against the Funeral Home and/or Crematory which arise out of their actions or services rendered in connection with and/or as is or may be authorized under this Affidavit.

INDEMNITY and HOLD HARMLESS WARRANTY: As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless the Funeral Home and/or the Crematory, its officers, agents and employees, from any and all claims, demands, causes or causes of action, whether known or unknown, and also all suits of every kind, nature and description, whether in law or equity, including any legal fees, costs and expenses incurred out of such filed litigation, and which arise or may arise as a result of, based upon or in connection with the issuance of this Affidavit; and particularly including but not limited to claims brought by any other person(s) claiming the right of authority to control the disposition of the decedent's cremated remains.

AFFIANT(S) ACKNOWLEDGE THAT BY EXECUTING THIS AFFIDAVIT OF AGENT PRIORITY OF CREMATION AUTHORIZATION THAT I (WE) HAVE READ AND FULLY UNDERSTAND SAID AUTHORIZATION AND THAT I (WE) EXPRESSLY ACKNOWLEDGE, UNDERSTAND AND AGREE TO THE HOLD HARMLESS AND INDEMNIFICATION PROVISION HEREIN. AFFIANT (s) FURTHER DECLARE, SWEAR, AND ATTEST THAT ALL REPRESENTATIONS, WARRANTIES AND STATEMENTS CONTAINED WITHIN THIS AUTHORIZATION ARE TRUE AND CORRECT AND THE FUNERAL HOME AND/OR CREMATORY IS ENTITLED TO SO RELY.

AFFIANT(S) FURTHER SAYETH NOT.

Affiant's Printed Name	Relationship	Signature	Date
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Affiant's Printed Name	Relationship	Signature	Date
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Subscribed and sworn to before me, this _____ day of _____ 20____.

Notary's signature: _____

Notary's printed name: _____

NOTARY PUBLIC and I herein attest that my commission expires _____, 20____.

RECEIVED by: _____ (Funeral Home) and dated _____