



Epting Funeral Home

Mailing Address:

BENTONVILLE
709 N Walton Blvd.
Bentonville, Arkansas
72712
(479)273-3443

BELLA VISTA
420 NE Towncenter
Bella Vista, Arkansas
72714
(479) 855-3900

GRAVETTE
209 SW 2nd Ave. #A
Gravette, Arkansas
72736
(479) 787-9747

FAYETTEVILLE
28 S College Ave.
Fayetteville, Arkansas
72701
(479) 443-3443

Fax (479) 273-3677

Cremation #:	_____
Date:	_____
Time:	_____
Embalm:	_____ Refrigerate: _____
By:	_____
CREMATORY USE ONLY	

CREMATION AUTHORIZATION

CREMATION: I, hereby, request and authorize Ozark Crematory LLC and Epting Funeral Home to cremate and process the remains of:

Name: _____ Age: _____ Sex: M or F

Address: _____

City: _____ State: _____ Zip: _____

who died on _____, 20 _____ at _____ a.m. or p.m.

DISPOSITION: I, hereby, direct Ozark Crematory LLC to dispose of the cremated remains as follows:

Forward remains to Epting Funeral Home

If other disposition is desired, please specify. In the absence of specific instructions, the cremated remains will be forwarded to the funeral home in charge of the arrangements.

PACEMAKERS: I further state that the deceased has not had a heart pacemaker implanted, radiation-producing implant, nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or others responsible for the removal of such a device, I will be liable for any damages to the crematory or injury to crematory personnel.

CONTAINS PACEMAKER: YES OR NO

CERTIFICATION: I certify that the remains delivered to you for cremation are those of the deceased named above and that I have full power to give the above CREMATION and DISPOSITION AUTHORIZATION. I understand that due to the nature of the cremation process any valuable material, including dental gold, jewelry, etc., will either be destroyed or not be recovered. All noncombustible materials will be disposed of by the crematory. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory, the Funeral Home and Director, their officers, and employees from liability, costs, expenses, or claims resulting from this authorization.

Witness Signature _____ Date _____
Printed Name: _____

Witness Signature _____ Date _____
Printed Name: _____

Arranging Funeral Home: Epting Funeral Home

Director: _____ Lic#: _____

City: _____ State: AR

Authorizing Signature _____ Date _____
Print Name/Relation: _____
Address: _____
City, ST Zip: _____
Phone: _____

Authorizing Signature _____ Date _____
Print Name/Relation: _____
Address: _____
City, ST Zip: _____
Phone: _____

NO CREMATION SHALL TAKE PLACE UNTIL ALL FEES HAVE BEEN PAID IN FULL.