



Serving Weirton and surrounding communities since 1922.

## Written Permission to Cremate

In accordance with WV Code §30-6-21(a)

In accordance with WV Code §30-6-21(a), all funeral establishments and crematories are required to obtain written permission to cremate prior to said cremation. This form seeks to obtain such permission and the information immediately preceding this introduction is required by law and must be completed in its entirety before cremation can begin.

The undersigned hereinafter referred to as the "Authorized Representative(s),"

\_\_\_\_\_ hereby certifies that they are the person(s) to whom the right of disposition devolves, in accordance with Title six, Series one, Section twenty-four or Title six, Series two, Section twenty-three of the rules of the Board of Funeral Service Examiners, a state government agency, for the final disposition of the herein named Deceased, \_\_\_\_\_, hereinafter referred to as the "Deceased."

The Authorized Representative(s) authorizes the cremation, processing and disposition of the cremated remains of the Deceased.

In the alternative, the Authorized Representative(s) has designated another person or entity, hereinafter referred to as the "Designated Agent," \_\_\_\_\_, to act on his or her behalf and authorizes the Designated Agent to authorize the cremation, processing and disposition of the cremated remains of the Deceased.

**Additional Authorized Representative(s) of equal relationship:** The application of signatures below signify that these additional Authorized Representative(s) have agreed to the stipulations of the Written Permission to Cremate.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Authorized Representative relationship to Deceased

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Authorized Representative relationship to Deceased

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Authorized Representative relationship to Deceased

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Authorized Representative relationship to Deceased

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Authorized Representative relationship to Deceased

\_\_\_\_\_  
Date

The Authorized Representative(s) or the Designated Agent hereby authorizes the delivery of the cremated remains of the Deceased as follows:

\_\_\_\_\_  
\_\_\_\_\_

