

Hydromation® and Disposition Authorization

Notice: This is a legal document that contains important provisions concerning Hydromation®, referred to generically as alkaline hydrolysis as used to reduce human remains to bone fragments and essential elements.

Please read this entire document carefully before signing. Hydromation® is an irreversible process. NAME OF DECEDENT: _____ SEX: _____ SEX: _____ DATE OF BIRTH: DATE OF DEATH: SSN: I the undersigned (the "Authorizing agent") hereby authorize and request Barton Family Funeral Service LLC, First Hydrolysis Services, (the "Facility"), and its agents and employees, to use alkaline hydrolysis and process the human remains of the Decedent. Schedule & Container Requirement: The Facility may perform alkaline hydrolysis upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The Facility does not require that the human remains be placed in a container for alkaline hydrolysis but I/we have the option to choose one. The Facility is authorized to dispose of any dangerous materials, or other items that could be harmful to the process. **AUTHORIZATION** I hereby state that I am the closest living next of kin of the Decedent, or I am otherwise empowered and authorized to execute this authorization according to all state and local laws. I am aware of no objection to alkaline hydrolysis by the spouse, any child, parent or sibling of the Decedent, or of provision of any contract or instructions made by the Decedent. I have personally identified or waived my rights to personal identification of the Decedent released to Barton Family Funeral Service and First Hydrolysis Services. All personal property, clothing, or valuables have been removed from the remains of the Decedent prior to alkaline hydrolysis. I hereby direct that any property, clothing, valuables, metals, or implants on or with the body will be destroyed during the process or may be recovered and recycled after the process, and therefore will not be returned. I hereby agree to indemnify and hold harmless, Barton Family Funeral Service, First Hydrolysis Services, First Call Plus of Washington, L.L.C., its officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representations, authorizations, and agreements made by me herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's remains. By execution, the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by Barton Family Funeral Service and the Facility to perform the services envisioned herein. The undersigned has read and understood the provisions of this document. **DISPOSITION OF REMAINS** Unless otherwise instructed in writing by the Authorized Agent, the remains will be delivered to the Authorized Agent or made available to be picked up by the Authorized Agent at any Barton Family Funeral Service office. I/we understand that the cremated remains must be claimed or the disposition arranged within 30 days of the date of Hydromation®. IMPORTANT: IF THE AUTHORIZED AGENT IS NOT AN INDIVIDUAL SUCH AS A SPOUSE. ALL NEXT OF KIN MUST SIGN THIS AUTHORIZATION - SEE ADDENDUM SIGN HERE -Telephone Number: Signature: Print Name: _____ Relationship: ____

Signature, Witness: ____

SIGN HERE -

Date:



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Family Funeral Service	
	Relationship:
Decedent:	
	HYDROMATION® PROCESS
	d of disposition in Washington State, authorized for use effective May 1, 2020. with the definition of alkaline hydrolysis in the Washington Administrative Code
	means the reduction of human remains to bone fragments and essential using heat, pressure, water and base chemical agents.
The word "Hydromation®" is U.S. registe Service. It is used in the same way that fragments in a crematory by means of in	ered trademark for alkaline hydrolysis licensed to Barton Family Funeral "Cremation" is used to describe the reduction of human remains to bone acineration.
the pressure chamber where it is bath approximately three hours. The spent include, but not limited to, discharge intorcess, all that remains are bones and size to satisfy regulatory requirements.	ne placement of the body in a stainless-steel perforated basket, which fits inside the in an alkaline water solution at increased temperature and pressure for liquid, called effluent, is disposed of according to local regulation, which can to the sanitary sewer system or spread on agricultural fields. At the end of the solid structures such as teeth. All large fragments are mechanically reduced in WAC 308-47-010(18) defines "Pulverization" is the reduction of identifiable bones by manual or mechanical means during or following cremation, alkaline
	points, knee joints, and dental prostheses are not destroyed in the process. The spose of these items. The agent(s), hereby specifically agree to the disposition repriate.
	n processed, they are placed into the designated urn or container. Hydromation emains than cremation. This may necessitate a slightly larger container or urn usoleum niches.
Barton Family Funeral Service will deliv Authorized Agent.	ver the urn/container containing the remains only as directed in writing by the
have read and understand this disclosu	ure concerning the Cremation Process.

SIGN HERE -SIGNATURE OF AUTHORIZED AGENT: _____



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Hydromation® and Disposition - Addendum

In re the matter of:	(de	ceased)
I/we understand that the cremated Hydromation®.	d remains must be claimed or the disposition arranged within 30 days o	the date of
Additional Next of Kin (Autho	orized Agents)	
Print Name:	Relationship to Decedent:	
Signature:	Telephone Number:	
Address:		
Print Name:	Relationship to Decedent:	
Signature:	Telephone Number:	
Address:		
Print Name:	Relationship to Decedent:	
Signature:	Telephone Number:	
Address:		
Print Name:	Relationship to Decedent:	
Signature:	Telephone Number:	
Address:		
WITNESS		
Signature:	DATE:	
Print Name:	Relationship:	