



**ST. PETER'S CEMETERY**  
6240 Moore Rd. Port Alberni, BC V9Y 7J8

**HOLY FAMILY & NOTRE DAME PARISH**  
4731 Burke Rd. Port Alberni, BC V9Y 5P1  
250-723-8912  
rc-portalberni@shaw.ca

## CONTROL OF DISPOSITION AUTHORIZATION

Pursuant to section 5 of the Cremation, Interment and Funeral Services Act (British Columbia), which reads as follows:

- 1) Subject to this section and section 8 (3) (b) (i) [requirement for authorization before funeral services or disposition], the right of the person to control the disposition of the human remains or cremated remains vests in, and devolves on, the following persons in order of priority:

Please  where you are in order of priority

- (a)  the personal representative named in the will of the deceased;
  - (b)  the spouse of the deceased;
  - (c)  an adult child of the deceased;
  - (d)  an adult grandchild of the deceased;
  - (e)  if the deceased was a minor, a person who was a legal guardian of the person of the deceased at the date of death;
  - (f)  a parent of the deceased;
  - (g)  an adult sibling of the deceased;
  - (h)  an adult nephew or niece of the deceased;
  - (i)  an adult next of kin of the deceased, determined on the basis provided by section 89 and 90 of the Estate Administration Act;
  - (j)  the minister under the Employment and Assistance Act or, if the official administrator under the Estate Administration Act is administering the estate of the deceased under that Act, the official administrator;
  - (k)  an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).
- 2) If the person at the top of the order of priority set out in subsection (1) is unavailable or unwilling to give instructions, the right to give instructions passes to the person who is next in priority.
  - 3) If, under subsection (1), the right to control the disposition of human remains or cremated remains passes to persons of equal rank, the order of priority
    - (a) is determined in accordance with an agreement between or among them, or
    - (b) In the absence of an agreement referred to in paragraph (a), begins with the eldest of the persons and descends in order of age.

I/We have the right and hereby authorize the disposition (interment) of the Deceased pursuant to the by-laws of the cemetery, the Cremation, Interment and Funeral Services Act (British Columbia) and its regulations. I am/We are not aware of any living person with a superior right to authorize the disposition of the Deceased and I am/We are not aware of any contract or instructions (including any pre-arranged funeral plan) made by the Deceased objecting to interment (Burial) or providing for disposition other than by interment (Burial).

I/We agree to release and indemnify the Funeral Home and the Cemetery, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Cemetery's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We agree that the Funeral Home's and the Cemetery's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cemetery interment fees paid to the Funeral Home and/or Cemetery by me/us.

I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by the Funeral Home and Cemetery. I/We have read and understood all information contained in this document.

**Purchaser and Authorized Person Information and Signature(s)** Do not sign this document unless you have read and understood all information that is contained in said document. This agreement may be executed in multiple counterparts; each counterpart shall together constitute one Agreement. This Disposition, Interment Authorization was executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ . By signing this authorization, you certify that each fact stated in this authorization is true, and that you may incur personal liability for damage resulting from incorrect facts being set out in this authorization.

**Name of Authorized Party:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Party

**Telephone:** \_\_\_\_\_

Additional Signatures

Printed Name

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

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