Avenue of 444 Flags Foundation, 2619 East State Street, Hermitage, PA 16148 – 724-346-3818

Authorization and Acknowledgment For Placement of Cremated Remains In an Ossuary

The Avenue of 444 Flags Foundation has created the **Veterans Left Behind Project** in an effort to provide a proper resting place for the cremated remains of honorably discharged servicemen and servicewomen and their families that are unclaimed in funeral homes or crematories, and those whose families cannot afford the costs of interment. This Authorization and Acknowledgment For Placement of Cremated Remains In an Ossuary ("Agreement") allows Avenue of 444 Flags Foundation and the **Veterans Left Behind Project** to: accept the cremated remains of the Deceased identified below; place them in an ossuary in Hillcrest Memorial Park, Hermitage, PA; and memorialize him or her through online obituaries or tributes.

Please provide information regarding the Deceased:

_____	_____	_____
Name of Deceased	*Date of Birth*	*Date of Death*

Please provide information on your relationship to the Deceased:

_____ **FAMILY** – If you select family, please identify that you are the Legal Authorizing Agent of the Deceased.
Initials As the Authorizing Agent, you represent that you have the authority and legal right to determine and arrange for the final disposition of the cremated remains of the Deceased.

_____ **FUNERAL HOME** – If you select Funeral Home, you represent that you have met ALL state
Initials requirements in order to identify and notify the Authorizing Agent of the Deceased.

Please provide your Authorization, Acknowledgement, and Release:

I/We understand that the cremated remains provided may be comingled with the cremated remains of others unless I/we arrange with the Avenue of 444 Flags Foundation to have them interred in a separate container.

I/We understand that this process is permanent and irreversible.

I/We understand that the Avenue of 444 Flags Foundation will be the only party able to place any memorialization at the site of the interment.

I/We hereby release and hold harmless The Avenue of 444 Flags Foundation, the ***Veterans Left Behind Project***, and Hillcrest Memorial Park, their agents, officers, and employees from any and all actions, claims, demands, damages, costs, and liability, including but not limited to those arising out of emotional or physical injury, distress or trauma attributed to any services provided to those parties for the Deceased.

I/We hereby understand, accept, and acknowledge all of the terms in this Agreement:

_____	_____	_____	_____
NAME Authorizing Agent	*Signature Authorizing Agent*	*Relationship*	*Date*
_____	_____	_____	_____
NAME Authorizing Agent	*Signature Authorizing Agent*	*Relationship*	*Date*
_____	_____	_____	_____
NAME Authorizing Agent	*Signature Authorizing Agent*	*Relationship*	*Date*

WITNESS:

_____	_____	_____
NAME	*Signature*	*Date*

Please make sure the following items are included with this Agreement:

_____ Signed Authorization and Acknowledgment For Placement of Cremated Remains In an Ossuary
_____ Copy of DD 214 Form or other paperwork showing branch of service and honorable discharge
_____ Copy of a Burial Permit and/or Cremation Permit
_____ Copy of any available obituary and/or biographical information or photos of the Deceased

Please contact us with any questions you may have about the contents of this form including applicable state requirements for abandoned cremated remains: **info@avenueofflags.com** (724)-346-3818