

DATE OF DEATH: \_\_\_\_\_ TIME OF DEATH: \_\_\_\_\_ FD OK: \_\_\_\_\_

### AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we, have the full legal right and authority to authorize the cremation, processing and disposition of the remains of \_\_\_\_\_ (hereinafter referred to as the "Deceased")

I/We hereby request and authorize Midwest Direct Cremation (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Forest Crematory (hereinafter referred to as the "Crematory").

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession of the Funeral Home. I/We authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? Yes No Describe: \_\_\_\_\_

Description of urn or container selected: \_\_\_\_\_ Suitable for shipping: Yes No  
Deliver to \_\_\_\_\_ Cemetery

Release to family \_\_\_\_\_  
Names of designated Family Members to Receive Cremated Remains

Ship via \_\_\_\_\_  
To: Name \_\_\_\_\_ Address: \_\_\_\_\_  
Other \_\_\_\_\_

The death did did not occur from a disease declared by the Department of Health to be infectious, contagious, communicable, or dangerous to the public health.

The cremation processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

- 1. Mechanical or radioactive devices implanted in the remains of the Deceased ( such as pacemakers, etc. ) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to Cremation and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

\_\_\_\_\_ Disposition \_\_\_\_\_  
Description of Implanted Device \_\_\_\_\_  
If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

Terms and Conditions continued on next page

\_\_\_\_\_ (Initials) All of the above and the back has been read and understood. Terms and conditions are an integral part of this authorization.

### SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct and that I/we read and understand the provisions contained in this document, and that I/we have received the booklet entitled "Cremation Facts".

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
Street City State Zip Tel. No. ( ) \_\_\_\_\_

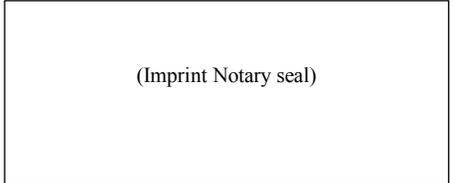
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
Street City State Zip Tel. No. ( ) \_\_\_\_\_

WITNESS \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Signature \_\_\_\_\_ (Date) \_\_\_\_\_

My commission expires \_\_\_\_\_



The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

2. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the Cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased or supplied, the Crematory will place the cremated remains of the Deceased in whichever urn the family chooses which may not be designed for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated human remains will be disposed of in any non-retrievable manner as permitted by law.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated on the front. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive device, or take possession of, or make permanent arrangements for, the disposition of such remains.
13. Except as set forth in this authorization, no warranties expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.
14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process. I/We acknowledge receiving, from the Funeral Home, a copy of the booklet entitled "Cremation Facts" containing additional explanatory information about the cremation process.
15. The authorizing agent is not aware of any living person that has a superior right to authorize the cremation and if so the authorizing agent has made all reasonable efforts to contact that person and has been unable to do so, but has no reason to believe that person would object to the cremation of the Deceased.
16. All arrangements for a viewing or service for the Deceased prior to the cremation will be completed in full by the Funeral Home prior to receipt of the Deceased's remains by the Crematory. The Crematory is authorized to proceed with the cremation upon receipt of the Deceased's remains.