

AUTHORIZATION FOR CREMATION AND DISPOSITION

The State of Ohio requires that this Authorization Form be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Addendum 'A' of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this Form.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME (FH), CREMATION SOCIETY (CS) AND/OR CREMATORY.

1. IDENTIFICATION OF THE DECEDENT

INITIAL

Name of Decedent: _____

Date of Death: _____ Time: _____ Place of Death: _____

Date of Birth: _____ Sex: M F Age: _____ SS: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

- The Authorizing Agent or personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.

OR

- The Authorizing Agent or personal representative of the Authorizing Agent has authorized the Funeral Home (Cremation Society) to photograph or create an image of the remains and the Authorizing Agent or personal representative has positively identified the photograph or image as that of the Decedent.

OR

- The Authorizing Agent or personal representative of the Authorizing Agent has identified the Decedent's remains by identifying on the remains or by photograph the following: Scar: Tattoo: Other: _____

OR

- The Decedent's remains were identified by the Coroner.

2. IDENTIFICATION OF AUTHORIZING AGENT

INITIAL

Name of Authorizing Agent: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Email: _____

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows: Check Appropriate Box:

- The representative appointed by the Decedent to have the right of disposition.
- The Decedent's surviving spouse.
- The Decedent's surviving child or children.
- The Decedent's surviving parent or parents.
- The Decedent's surviving sibling or siblings.
- The Decedent's surviving grandparent or grandparents.
- The Decedent's surviving grandchild or grandchildren.
- The lineal descendants of the Decedent's grandparents as spelled out in Section 2105.06 of the Revised Code.
- The Decedent's personal guardian at the time of death.
- Any person willing to assume the right of disposition, including the personal representative of the estate or the licensed funeral director with custody of the body, after attesting in writing and good faith that they could not locate any of the persons in the above priority list.
- If the final disposition of the Decedent's remains are the responsibility of the state or a political subdivision of the state, the public officer or employee responsible for arranging the final disposition of the remains.

3. AUTHORITY OF AUTHORIZING AGENT INITIAL

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and by checking the box below I am confirming one of the following statements accordingly:

As Authorizing Agent, I have filled in Section 2 above. I understand that any living person who meets the qualifications of any level above or equal to the one I filled in would have a **superior or equal** right to act as the Authorizing Agent. I do not have actual knowledge of the existence of any living person who has a **superior or equal** right to act as the Authorizing Agent.

OR

As Authorizing Agent, I have filled in Section 2 above. I am aware of a living person or persons listed below who have a **superior or equal** priority right to act as Authorizing Agent. I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with the **superior or equal** priority right would object to the cremation of the Decedent.

OR

As Authorizing Agent, I have filled in Section 2 above. I am aware of a living person or persons listed below who have a **superior or equal** priority right to act as Authorizing Agent. That person or persons have confirmed to me that they do not want any involvement in the disposition of the Decedent's remains.

OR

As Authorizing Agent, I have filled in Section 2 above. I am aware of a living person or persons who has an **equal** priority right to act as Authorizing Agent. Of the persons with equal priority rights that I was able to contact, after using reasonable efforts to do so, I certify that a majority of them agree to the cremation of the Decedent's remains.

Name(s) of Other Persons:

1. _____ 3. _____

2. _____ 4. _____

4. FUNERAL HOME AND CREMATORY INITIAL

The Authorizing Agent authorizes the Funeral Home (Cremation Society) and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home/Cremation Society: _____

Address: _____

Name of Crematory: _____ Address: _____

Name of Funeral Director who will obtain the Burial Transit Permit: _____

5. PACEMAKERS, IMPLANTS, AND PROSTHESES INITIAL

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

Description of Devices: _____

Please confirm one of the following statements:

The remains of the Decedent do not contain any of the Devices described above.

OR

As Authorizing Agent, I instruct the Funeral Home (Cremation Society) to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home (Cremation Society) is to dispose of all such Devices.

6. CASKET OR ALTERNATIVE CONTAINER INITIAL

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home (Cremation Society) personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

Type of Container Selected: Alternative Container Casket Selected: _____

7. MULTIPLE CREMATIONS

INITIAL

Under Ohio law, the remains of more than one decedent may not be simultaneously cremated in the same cremation chamber unless the decedents to be cremated were related or were, anytime during the one-year period preceding their deaths, living in a common law marital relationship or cohabitating. Unless authorized below, the Decedent's remains shall be individually cremated.

As Authorizing Agent, I authorize only the individual cremation of the remains of the decedent named in Section #1.

If you desire multiple cremation, check the box below.

As Authorizing Agent, I authorize the simultaneous cremation of the remains of the Decedent with the decedent named below. I certify that this multiple cremation meets the legal requirements set forth above.

Name of Other Decedent: _____

8. WITNESSES

INITIAL

No witnesses.

OR

(List of Witnesses) _____

9. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE (SEE ADDENDUM 'A')

INITIAL

As Authorizing Agent, I have read and understand the description of the cremation process contained in Addendum 'A' and authorize the cremation, processing and pulverization of the remains of the Decedent. I further authorize the Funeral Home (Cremation Society) to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

10. URN OR TEMPORARY CONTAINER (SEE ADDENDUM 'A')

INITIAL

As Authorizing Agent, I request the cremated remains of the deceased be returned in the following container(s):

Cardboard Box Plastic Temporary Container Urn or Urn Vault Other: _____

Description: _____

11. FINAL DISPOSITION (SEE ADDENDUM 'A')

INITIAL

Deliver or release to:

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email: _____

For multiple recipients of cremated remains or other options, follow the written instructions below.

Other: _____

Deliver to _____ cemetery which with arrangements have already been made.

12. PERSONAL PROPERTY

INITIAL

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to Authorizing Agent: _____

13. VISITATION AND FUNERAL CEREMONIES

INITIAL

- No public or private viewing or service with the Decedent's body physically present is planned.
- Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a private viewing for family. (Limited to 10 people for up to 30 minutes).
- Visitation and/or a funeral ceremony is planned prior to cremation with the Decedent's body physically present as follows:

Date(s): _____ Time(s) _____ Place of viewing or service: _____

14. TIME OF CREMATION

INITIAL

As indicated in the completed Non-provisional Death Certificate, the cremation of the Decedent's remains cannot take place until 24 hours have elapsed from the time of death. If the remains are not embalmed and if the cremation is not to occur within eight hours of the delivery of the remains to the Crematory, the Crematory will place the remains in a refrigerated facility for which there will be a daily charge.

Decedent's remains: are not to be embalmed. are to be embalmed.

Please check the box below confirming one of the following:

- The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without any further notification to the Authorizing Agent.

OR

- The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date: _____ Time: _____

15. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home (Cremation Society) and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home, Cremation Society, Mortuary Service and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's, Cremation Society's, Mortuary Service's and the Crematory's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization.

Executed at _____, this _____ day of _____, 20 ____.

Signature of Authorizing Agent: _____

Printed Name of Authorizing Agent: _____

Signature of Witness: _____

Printed Name of Witness: _____

Relationship to Authorizing Agent: _____ Telephone: _____

CERTIFICATE BY FUNERAL HOME (CREMATION SOCIETY) UPON TRANSFER OF DECEDENT'S REMAINS TO CREMATORY

The Funeral Home (Cremation Society) certifies that the remains being transferred to the custody of the Crematory have been previously identified in accordance with the requirements of Section 4717.24(B) of the Ohio Revised Code.

FUNERAL HOME

Date: _____ By: _____