CREMATION AND DISPOSITION AUTHORIZATION

This box to be completed by Crematory Staff

Unique Cremation Identification Number _____

This Authorization Form must be completed and signed prior to the cremation. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in this Authorization Form prior to signing it. We want you to read this form carefully and fully understand the information provided. We will be pleased to answer any questions about the cremation process or the other information in this Form.

FUNERAL HOME AND CREMATORY

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

Funeral Home Name and Address: **Schewe Funeral Service**

Crematory Name and Address: **River's Edge Crematory - 1211 Plainfield Road Joliet - Illinois 60435**

1. DECEDENT INFORMATION – (complete)

Name of Decedent: _____ Sex: □ Male □ Female

Date of Birth: _____ Date of Death: _____ Time of Death: _____ S.S.N.: _____

Place of Death: _____ Age: _____

2. IDENTIFICATION OF AUTHORIZING AGENTS(S) – (complete)

Illinois Disposition of Remains Act (755 ILCS 65/5)

Sec.5: Right to control disposition; priority. Unless a decedent has left directions in writing for the disposition or designated an agent to direct the disposition of the decedent's remains as provided in Section 65 of the Crematory Regulation Act or in subsection (a) of Section 40 of this Act, the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains and are liable for the reasonable costs of the disposition:

1) The person designated in a written instrument that satisfies the provisions of Sections 10 and 15 of this Act; any person serving as executor or legal representative of the decedent's estate and acting according to the decedent's written instructions contained in the decedent's will
2) The individual who was the spouse of the decedent at the time of the decedent's death;
3) The sole surviving competent adult child of the decedent, or if there is more than one surviving competent adult child of the decedent, the majority of the surviving competent adult children; however, less than one-half of the surviving adult children shall be vested with the rights and duties of this Section if they have used reasonable efforts to notify all other surviving competent adult children of their instructions and are not aware of any opposition to those instructions on the part of more than one-half of all surviving competent adult children;
4) The surviving competent parents of the decedent; if one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this Act after reasonable efforts have been unsuccessful in locating the absent surviving competent parent;
5) The surviving competent adult person or persons respectively in the next degrees of kindred or, if there is more than one surviving competent adult person of the same degree of kindred, the majority of those persons; less than the majority of surviving competent adult persons of the same degree of kindred shall be vested with the rights and duties of this Act if those persons have used reasonable efforts to notify all other surviving competent adult persons of the same degree of kindred of their instructions and are not aware of any opposition to those instructions on the part of one-half or more of all surviving competent adult persons of the same degree of kindred;
6) In the case of indigents or any other individuals whose final disposition is the responsibility of the State or any of its instrumentalities, a public administrator, medical examiner, coroner, State appointed guardian, or any other public official charged with arranging the final disposition of the decedent;
7) In the case of individuals who have donated their bodies to science, or whose death occurred in a nursing home or other private institution, who have executed cremation authorization forms under Section 65 of the Crematory Regulation Act and the institution is charged with making arrangements for the final disposition of the decedent, a representative of the institution; or
8) Any other person or organization that is willing to assume legal and financial responsibility.

I (We) hereby certify that the decedent has the following surviving heirs at law possessing the ability to serve as Authorizing Agent(s):

□ Agent for Health Decisions (Durable Power of Attorney) Name: _____

□ Executor of Decedent's Estate (Will) Name: _____

□ Spouse (Marriage or Civil Union) Name: _____

□ Adult Child(ren) How Many? _____ Name(s): _____

□ Parent(s) Name(s): _____

□ Other (List Relationship) _____ Name(s): _____

Name of Authorizing Agent 1: _____ Relationship: _____

Telephone #: _____ Address: _____

Name of Authorizing Agent 2: _____ Relationship: _____

Telephone #: _____ Address: _____

Name of Authorizing Agent 3: _____ Relationship: _____

Telephone #: _____ Address: _____

Name of Authorizing Agent 4: _____ Relationship: _____

Telephone #: _____ Address: _____

3. AUTHORITY OF AUTHORIZING AGENT(S) – (initial one)

As Authorizing Agent(s), I represent that I have the right to authorize the cremation of the Decedent's remains and I(We) am(are) initialing one of the following three statements accordingly:

_____ I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent(s). **OR**

_____There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent(s). That person(s) has provided me written permission to serve as Authorizing Agent(s). **OR**

_____There is another living person(s) listed below who has superior or equal right to act as Authorizing Agent(s). I have made all reasonable efforts reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.

Name(s) of Other Persons: _____

4. IDENTIFICATION OF THE DECEDENT – (initial one)

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

_____ The Authorizing Agent(s) has viewed the remains and positively identified them as the body of the Decedent. **OR**

_____ The personal representative of the Authorizing Agent(s) viewed the remains and positively identified them as the body of the Decendent. **OR**

_____ The Authorizing Agent(s) has authorized the Funeral Home to photograph the remains and the Authorizing Agent(s) has positively identified photograph as that of the Decedent.

5. PACEMAKERS, IMPLANTS, AND PROSTHESES – (complete)

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

Did the decedent have a silicon implant? ☐ Yes ☐ No

Did the decedent have a pacemaker or defibrillator? ☐ Yes ☐ No

Did the decedent have any radioactive implants? ☐ Yes ☐ No

If yes, when and by whom was the last treatment administered? Date: _____ Doctor: _____

Has the decedent been treated with therapeutic radionuclides? ☐ Yes ☐ No

If yes, when and by whom was the last treatment administered? Date: _____ Doctor: _____

Did the decedent have any other implanted devices or prosthesis? ☐ Yes ☐ No

If yes, please list: _____

Please initial one of the following statements:

_____The remains of the Decedent do not contain any of the Devices described above. **OR**

_____As Authorizing Agent(s), I authorize a licensed funeral director/embalmer from the Funeral Home or a Funeral Home contracted medical personnel to remove silicone implants, pacemaker, defibrillator, radioactive implants and/or any other device that may be harmful or create combustion during the cremation process. I also understand that the Authorizing Agent(s) may be responsible for the cost incurred by the Funeral Home for the removal of devices by contracted medical personnel. I further authorize the release of any medical information or files of the deceased pertaining to the removal of these specified items or devices above. Unless indicated directly below, the Funeral Home is to dispose and/or recycle of all such Devices.

The Devices listed are to be removed and returned to the Authorizing Agent(s): _____

6. VISITATION AND FUNERAL CEREMONIES – (complete if applicable)

Prior to the cremation of the Decedent's remains, the Authorizing Agent(s) or the Decedent's family has arranged for an ID viewing, visitation and/or funeral ceremony as set forth below:

Date(s): _____ Time(s): _____

Place of Ceremonies: _____

7. PERSONAL PROPERTY – (complete and initial if applicable)

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(s) are given below.

_____Items to be delivered to Authorizing Agent(s): _____

8. CASKET OR ALTERNATIVE CONTAINER – (complete and 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 personnel. The Crematory is authorized to inspect the casket or alternative container; however the Crematory staff may only open the container holding the un-cremated human remains in VERY LIMITED circumstances. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Funeral Home and/or Authorizing Agent(s). 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(s), I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that the Crematory 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.

_____Casket or Alternative Container Selected: _____

9. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them. Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of and/or recycled by the Crematory. The Authorizing Agent(s) understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory. Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take all reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent(s) understands and accepts this fact. After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain. When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

10. WITNESSES – (initial and complete)

The cremation will take place after civil and medical authorities have issued permits, all necessary authorizations have been obtained, and no legal objections have been raised, and after any scheduled funeral ceremonies or viewings have been completed. Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present in the cremation room prior to the cremation, while the casket or container is being placed into the cremation chamber, during the entire time of the cremation process, and while the cremated remains are being removed from the cremation chamber and processed. The Authorizing Agent(s) may designate below what parts of the process above they authorize the Witnesses to be present for. If you desire witnesses, you must initial below and list their names.

_____No witnesses. **OR**

_____Witness(es) List _____

11. TIME OF CREMATION – (initial one and complete)

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

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

Date: _____ Time: _____

12. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE – (initial)

_____As Authorizing Agent(s), I have read and understand the description of the cremation process contained in Section 5 above and authorize the cremation, processing and pulverization of the remains of the Decedent. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

13. RECYCLING AND DISPOSITION OF METAL – (initial)

Following the cremation process, the Crematory uses all reasonable efforts to remove from the cremated remains all non-combustible materials such as dental bridgework, dental crowns, implanted medical devices, and metal hinges, latches and nails from the cremation container. Typically, this non-combustible material is disposed of as waste. However, in the case of certain metals that may be found in the implanted devices and dental appliances, such as titanium, gold, silver, platinum or palladium, third party companies will recycle these types of metals that are recovered after cremation. With the express permission of the Authorizing Agent(s), these metals will be sent to Implant Recycling Company. Pacemakers removed prior to cremation can be reused after processing and sanitizing in areas of the world with limited access to these devices. The Authorizing Agent(s) authorizes the Crematory to take the following action (please place your initials opposite the option you select):

_____Recycle any metal or pacemaker that is eligible for recycling and dispose of the remaining metal with the remainder of the non-combustible material; **OR**

_____Do not recycle the metal or pacemaker. Instead, dispose of it with the remainder of the non-combustible material.

14. URN – (initial, complete and select)

After the cremated remains have been processed, they will be placed in the urn(s)/keepsake(s) listed below. The Authorizing Agent(s) acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing. In the case of an adult, it is recommended that the urn, intended to hold the entire portion or majority of cremated remains, be a minimum size of 200 cubic inches. In the event a singular urn is chosen and the urn is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn and handled according to the final disposition instruction set forth in Section 15 below. The Authorizing Agent(s) directs the Crematory to use the specified urn(s)/keepsake(s) listed below.

_____Urn(s)/Keepsake(s) selected: _____

□ Permanently Seal Urn □ Leave Urn Unsealed

15. FINAL DISPOSITION – (select one, complete and initial)

Following the cremation, the Authorizing Agent(s) directs the Crematory and/or Funeral Home to undertake the actions set forth below to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent(s) directs that the Crematory or Funeral Home utilize, as directed by Federal Law, registered U.S. mail with a return receipt. The Authorizing Agent(s) understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory and/or the Funeral Home shall hold the cremated remains for 365 days after cremation. If no arrangements for the final disposition of the cremated remains have been made within 365 days after the cremation and if the Authorizing Agent(s) has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the 365 day period because of the inaction of a party other than the Crematory or Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent(s) shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Crematory or Funeral Home immediately upon receipt of an invoice.

_____Funeral Home will deliver to _____
with which arrangements have already been made. **OR**

_____□ SHIP TO □ RELEASE TO: _____

Relationship:_____ Address: _____

16. CERTIFICATION AND INDEMNIFICATION (complete and sign)

The Authorizing Agent(s) acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent(s) in this Authorization. The Authorizing Agent(s) 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(s) agrees to indemnify, defend, and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents of and from any and all claims, demands, causes, actions, causes of action and suits of any kind, nature, and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon, or connected with this Authorization, including the failure to properly identify the decedent or the human remains transferred to the Crematory, the processing, shipping, and the final disposition of the cremated remains, any damage due to harmful explosive implants, claims brought by other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory of Funeral Home, its officers, directors, employees, or agents pursuant to this Authorization, excepting only acts of willful negligence.

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

Name of Authorizing Agent 1: _____ Signature: _____

Name of Authorizing Agent 2: _____ Signature: _____

Name of Authorizing Agent 3: _____ Signature: _____

Name of Authorizing Agent 4: _____ Signature: _____

State of Illinois County of _____ Before me,_____, on this day personally appeared

_____, known to me (or proved to me on the oath of _____ or through (description of identity card or other document)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration

therein expressed. Given under my hand and seal of office this _____ day of _____, _____.

(Personalized Seal) Notary Public's Signature:_____

17. REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent/employee of the Funeral Home indicated above. I warrant to the best of my knowledge the following:

1. That our Funeral Home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the Decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
3. That the human remains delivered to River's Edge Crematory are represented as the human remains specified on this form and are in fact the human remains that were identified to our Funeral Home as the Decedent.
4. That our Funeral Home obtained all necessary permits authorizing the cremation of the Decedent, and those permits are attached.
5. That the representations contained above concerning the Decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained above concerning a pacemaker and any other implants or materials that may be potentially hazardous are true and that all silicone implants, pacemaker, defibrillator, radioactive implants and any other potentially harmful in explosive or emissive quality have been removed from the Decedent prior to delivery to the Crematory.

_____ _____ _____

Printed Name of Licensed Funeral Director Signature of Licensed Funeral Director Date