

## DESIGNATION OF ALTERNATE AUTHORIZING AGENT

THIS FORM IS TO BE USED BY AN AUTHORIZING AGENT WHO IS NOT AVAILABLE TO EXECUTE A CREMATION AUTHORIZATION FORM IN PERSON AND WISHES TO APPOINT ANOTHER INDIVIDUAL TO SERVE AS THE ALTERNATE AUTHORIZING AGENT. THE ORIGINAL OF THIS FORM OR A COPY TRANSMITTED BY FACSIMILE, WHEN FULLY COMPLETED, EXECUTED AND NOTARIZED, MAY BE ACCEPTED BY A LICENSED FUNERAL HOME AND/OR CREMATORY.

1. **IDENTIFICATION OF PARTIES:**

Authorizing Agent

Alternate Authorizing Agent

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Decedent: \_\_\_\_\_

Relationship of Authorizing Agent to Decedent: \_\_\_\_\_

2. **APPOINTMENT OF ALTERNATE AUTHORIZING AGENT:** In accordance with Section 4717.24(B) of the Ohio Revised Code, the Authorizing Agent hereby appoints the Alternate Authorizing Agent to serve as the Authorizing Agent for the purpose of authorizing the cremation and final disposition of the remains of the Decedent. The Alternate Authorizing Agent shall have all of the rights and powers provided to, and all of the obligations and responsibilities imposed upon, authorizing agents under Ohio law.

3. **ASSUMPTION OF LIABILITY AND INDEMNIFICATION:** The Authorizing Agent assumes liability for all acts and omissions of the Alternate Authorizing Agent in relation to the cremation and final disposition of the Decedent, including but not limited to, all representations and directions made by the Alternate Authorizing Agent in the cremation authorization form. The Authorizing Agent agrees to indemnify and hold harmless any person or entity that relies upon the representations and directions of the Alternate Authorizing Agent contained in the cremation authorization form.

Signature of Authorizing Agent:

COUNTY OF \_\_\_\_\_, STATE OF \_\_\_\_\_, SS: \_\_\_\_\_

This foregoing Designation of Alternate Authorizing Agent was executed before me, a notary public or other person authorized to administer oaths in the jurisdiction named above, by the Authorizing Agent named above, this \_\_\_\_\_ day of \_\_\_\_\_, 2000.

Signature of Notary Public: \_\_\_\_\_

Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_