

Date of Cremation: \_\_\_\_\_

Cremation Identification No.: \_\_\_\_\_

# CREMATORY

803 North Wooster Avenue • Dover, Ohio 44622 • 330-343-6132 • FAX: 330-364-3068

## CREMATION AND DISPOSITION AUTHORIZATION

This is a legal document. Read it carefully. 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 Section 8 of the Authorization Form prior to signing it. We are pleased to answer any questions about the cremation process or the other information in this Form.

THIS AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

### 1. IDENTIFICATION OF THE DECEDENT

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

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

CREMATION IS IRREVERSIBLE AND VERIFICATION OF THE IDENTITY OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING THREE METHODS:

(Initials) \_\_\_\_\_ The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent on \_\_\_\_\_ (Date and Time).

OR

(Initials) \_\_\_\_\_ The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent on \_\_\_\_\_ (Date and Time),  
\_\_\_\_\_. (Name and Telephone Number).

OR

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

### 2. FUNERAL HOME

The Authorizing Agent authorizes the Funeral Home set forth below, and the Crematory to carry out the directions and instructions of the Authorizing Agent contained in this Authorization:

Name of Funeral Home: Thorn-Black Funeral Homes, Inc.

Address: 139 S 9th Street Cambridge OH 43725

The Burial Permit or Burial-Transit permit authorizing the cremation of the Decedent has been obtained by:

Name of Funeral Director in Charge: William Black Jr.

### 3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: \_\_\_\_\_

Address of Authorizing Agent: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

- (a) ☐ The representative has been lawfully appointed by the Decedent to have the right of disposition.
- (b) ☐ The Decedent's surviving spouse.
- (c) ☐ The Decedent's surviving child or children.
- (d) ☐ The Decedent's surviving parent or parents

- (e) ☐ The Decedent's surviving sibling or siblings.
- (f) ☐ The Decedent's surviving grandparent or grandparents.
- (g) ☐ The Decedent's surviving grandchild or grandchildren.
- (h) ☐ The lineal descendant of the Decedent's grandparents as spelled out in Section 2105.06 of the Revised Code.
- (i) ☐ The Decedent's personal guardian at the time of death.
- (j) ☐ 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 (Section 2108.81 of the Revised Code).
- (k) ☐ If the final disposition of the Decedent's remains is 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.

#### 4. AUTHORITY OF AUTHORIZING AGENT

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

(Initials) \_\_\_\_\_ As Authorizing Agent, listed in Section 3 above, I have checked a box in Section 3 above. I understand that any living person who meets the qualifications of any box above, or equal to, the one I checked would have a superior or equal right to act as the Authorizing Agent. I certify that I do not have actual knowledge of the existence of any living person who has a superior right to act as the Authorizing Agent.

OR

(Initials) \_\_\_\_\_ As Authorizing Agent, listed in Section 3 above, I am aware of a living person or persons who has/have a superior 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 priority right would object to the cremation of the Decedent.

OR

(Initials) \_\_\_\_\_ As Authorizing Agent, listed in Section 3 above, I am aware of a living person or persons who has/have 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.

#### 5. PACEMAKER, IMPLANTS, AND PROSTHESES

(C. O. Initials)

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

Description of Devices: \_\_\_\_\_

Please initial one of the following statements:

(Initials) \_\_\_\_\_ The remains of the Decedent do not contain any of the Devices described above.

OR

(Initials) \_\_\_\_\_ As Authorizing Agent, I instruct the Funeral Home 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 is to dispose of all such Devices.

☐ The Devices listed below are to be removed and returned to the Authorizing Agent:

#### 6. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a casket or alternative container that is combustible, that is capable of being completely closed, that is resistant to leakage or spillage, that is sufficiently rigid to be handled easily, and that provides protection for the health and safety of the Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. If the casket or container does not meet the above requirements, the Crematory will notify the Funeral Home and/or 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 the casket or alternative container will be consumed as part of the cremation process. The Crematory will not accept metal, fiberglass or plastic caskets or containers.

Casket or Alternative Container Selected: \_\_\_\_\_



7. WITNESSES

(C. O. Initials)

Witnessing a cremation can be an emotional experience. Witnesses assume the risks involved and hereby release the Funeral Home and Crematory from any liability. The persons listed below are authorized to be present at the cremation room prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. The Crematory reserves the right to charge for this service. Please initial one of the following:

(Initials)

(List of Witnesses)

OR

(Initials)

No Witnesses

8. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is a process to prepare the remains for final disposition. The Decedent's remains are placed in a casket or alternative container, which is then placed into a cremation chamber 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 nonhuman materials) as the temperature is not sufficient to consume them.

Any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. 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 from the cremation chamber. Although the Crematory takes 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 in the cracks and crevices of the chamber. 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 understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material, such as dental bridgework, hinges, latches, and nails from the container will be separated and removed from the human bone fragments (insofar as possible) 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, which 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, microscopic particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

9. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

(Initials)

As Authorizing Agent, I have read and understand the description of the cremation process contained in Section 8 above and have had the opportunity to ask questions. I/We authorize the cremation, processing and pulverization of the remains of the Decedent, and direct the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

10. URN OR TEMPORARY CONTAINER

(C. O. Initials)

After the cremated remains have been processed, they will be placed in the urn selected or provided, listed below or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing.

For adults, the urn or temporary container must be a minimum size of 200 cubic inches. In the event the urn or temporary container 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 primary urn or the temporary container and handled according to the final disposition instruction set forth in Section 11 below; provided, however, that the secondary container may not be designed for shipping. All urns or container provided to the Funeral Home or the Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use:

☐

Urn selected or provided by Authorizing Agent.

Description of urn: \_\_\_\_\_

☐

Standard temporary shipping container provided by the Crematory.



PLEASE PAY PARTICULAR ATTENTION TO THIS SECTION; READ AND DISCUSS IT.

11. FINAL DISPOSITION

Following the cremation, the Authorizing Agent 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 directs that the Crematory or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

PLEASE CHOOSE AND INITIAL ONE OF THE FOLLOWING THREE OPTIONS:

(Initials)

The Crematory shall deliver the cremated remains of the Decedent to the arranging Funeral Home.

(Initials)

Deliver to: \_\_\_\_\_ cemetery with  
which arrangements have already been made.

Deliver or release to:

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

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

Other: \_\_\_\_\_

(Initials)

THE CREMATED REMAINS WILL ONLY BE RELEASED TO THE PERSON LISTED. IF ANOTHER PERSON IS TO TAKE DELIVERY OF THE CREMATED REMAINS, WRITTEN, VERIFIABLE INSTRUCTIONS FROM THE AUTHORIZING AGENT ARE REQUIRED.

The Authorizing Agent 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 Funeral Home shall hold the cremated remains for thirty (30) days after cremation. If during that thirty (30) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory or Funeral Home may return the cremated remains to the Authorizing Agent at the address listed in Section 3. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements for the final disposition have not been carried out, within that sixty (60) day period because of the inaction of a party other than the Crematory or the Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent 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 (Section 4717.27 of the Revised Code).

12. PERSONAL PROPERTY

(C. O. Initials)

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 the Authorizing Agent: \_\_\_\_\_

\_\_\_\_\_

13. VISITATION AND FUNERAL CEREMONIES

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

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Place of Ceremonies: \_\_\_\_\_

\_\_\_\_\_

14 TIME OF CREMATION

(C. O. Initials)

As indicated in the completed Non-provisional Death Certificate, the cremation of the Decedent's remains cannot take place until at least 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 to be embalmed.  
☐ are not to be embalmed.

Please initial one of the following:

(Initials) 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

(Initials) The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:  
The Crematory may charge for a cremation on an appointment basis.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

15. CERTIFICATION AND INDEMNIFICATION

(C. O. Initials)

The Authorizing Agent acknowledges that the Funeral Home 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 factual and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and Crematory, their officers, directors, employees, and agents from any claim, cause of action, cost or expense, including but not limited to any legal fees, arising out of or resulting from the Funeral Home's and Crematory's reliance on or performance consistent with the directions, statements, representatives, and agreements contained in this Authorization.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Authorizing Agent: X

Witness\*: X

\*If a Funeral Director witnesses the execution of this Authorization by the Authorizing Agent, the Funeral Director verifies the accuracy of the identity of the Decedent and the representation that a Burial Permit or Burial-Transit Permit authorizing the cremation of the Decedent's remains has been obtained.

\* \* \* \* \*

CERTIFICATE BY FUNERAL HOME UPON TRANSFER  
OF DECEDENT'S REMAINS TO CREMATORY

The Funeral Home certifies that the remains being transferred to the custody of the Crematory are those of the Decedent identified in Section 1 hereof and that the Funeral Home, based upon the representations of the Authorizing Agent in Section 5 hereof, has taken reasonable precautions to ensure the removal of any Device listed in Section 5 from the Decedent's remains or to render such Device non-hazardous. The Funeral Home also certifies that any items listed in Section 13 hereof have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

Date: \_\_\_\_\_

FUNERAL HOME

By: \_\_\_\_\_  
Licensed Funeral Director

*Cremation Options by Thorn-Black Funeral Homes, Inc.*

- ☐ Option A: Direct Cremation (no private/public visitation, no private/public services)
- ☐ Option B: Cremation with private family visitation only
- ☐ Option C: Cremation w/ public visitation & funeral service on the same day
- ☐ Option D: Cremation w/ full services (public visitation & funeral service the next day)
- ☐ Option E: Cremation w/ full services (public visitation, funeral service, & graveside service)