

CASTLE HILL FUNERAL HOME – CREMATION AUTHORIZATION

Please print the Cremation Authorization and sign in the presence of a Notary of the Public.

Email Completed Cremation Authorization to:
Castlehillfuneralhome@hotmail.com – (include name of deceased in subject line)

If you are emailing multiple documents, please submit all documents in 1 email.

CASTLE HILL FUNERAL HOME – CREMATION AUTHORIZATION- PAGE 1 of 2

248 155TH Pl – Calumet City, IL ~ 1219 Sheffield Ave – Dyer, IN

DECEDENT INFORMATION

Name of Deceased: _____ Sex: _____ Age: _____ TOD: _____ A P
Date of Birth: _____ Date of Death: _____ City/State of Death: _____

AUTHORIZING AGENT

As authorizing agent, I represent that I have the right to authorize the cremation of the Deceased; and further warrant that: I am not aware of any persons who has superior priority right to authorize cremation. I am aware that if there is a person who has superior priority right to authorize cremation, that I have made all reasonable efforts to contact the person; and have no reason to believe that person would object to the cremation of the Deceased. I hereby attest to the truthfulness and accuracy of representations contained in this document. I agree to release, indemnify, and hold harmless, Castle Hill Funeral Home and Calumet Wilbert Crematory, from any claim, liability, cost, or expense resulting from the reliance on or performance consistent with directions, representations, authorizations, and agreements in this document. I understand that I am personally liable for damages resulting in this authorization. I understand that I am responsible for the final disposition of the Deceased's cremated remains.

Printed Name: _____ Signature: _____ Relation: _____
Printed Name: _____ Signature: _____ Relation: _____
Printed Name: _____ Signature: _____ Relation: _____

FUNERAL HOME AND CREMATORY

The authorizing agent authorizes **Castle Hill Funeral Home** (248 155th Pl Calumet City, IL & 1219 Sheffield Ave Dyer, IN) and **Calumet Wilbert Crematory** (1920 W 41st Ave – Gary, IN) to cremate the Decedent and to carry out the directions and instructions contained in this document.

- *All cremations take place individually.
- *Even with extreme care; it is not possible to recover all particles of the cremated remains; and some particles of cremated remains may inadvertently become comingled with particles of other cremated remains.
- *I understand that if the cremated remains have not been picked up the within (30 Days- Illinois) and (60 days- Indiana) after the date of cremation; Castle Hill Funeral Home is directed to dispose of the cremated remains in any lawful manner.
- *I have read and understand all crematory requirements, policies, and procedures.

AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____

THE CREMATION PROCESS

****CREMATION IS NOT AN IMMEDIATE PROCESS. THERE ARE SEVERAL REQUIREMENTS TO AUTHORIZING CREMATION. ****

- *Step 1: Funeral Home electronically delivers death certificate to Physician. - Physician to complete Medical Portion and electronically deliver back to Funeral Home. (approx. 3 business days)
- *Step 2: After Medical Portion of Death Certificate has been completed the Funeral Home will apply for Cremation Permits with County of death. (approx. 1- 2 additional business days)
- *Step 3: After the county has issued the Cremation Permit the Funeral Home can send the Death Certificate to the State for registration. (approx. 1- 2 additional business days)
- *Step 4: Cremation will be authorized upon registration of the Death Certificate with State. (approx. 7-10 business days from date arrangement conference)

*****PLEASE DO NOT SCHEDULE CEREMONIES PRIOR TO HAVING CREMATED REMAINS RETURNED INTO FAMILY CARE. *****

*****DEATH CERTICATES MAY TAKE UP TO 1 MONTH TO OBTAIN FROM THE COUNTY OFFICE. *****

***** DEATH CERTICATES AND CREMATED REMAINS WILL BE RELEASED INTO FAMILY CARE AT THE SAME TIME. *****

ARTIFICIAL DEVICES, DISCLOSURES, AND PERSOANL PROPERTY

ARTIFICIAL DEVICES - Mechanical devices, prostheses, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any artificial devices in or attached to the Decedent or identify if the Decedent was treated with any radioactive material.

Description of devices: _____

_____ The remains of the Decedent do not contain any of the devices described

_____ As authorizing agent, I instruct Castle Hill Funeral Home to remove each device listed above. Castle Hill Funeral Home and Heights Crematory are to dispose of all such devices in any legal manner. The Crematory is prohibited from selling non-organic material recovered from the Decedent. The funeral director is not liable for damages caused by a pacemaker or other implanted device that was not disclosed to the funeral director.

DISCLOSURES - At the time of death, did the Decedent have a disease that was infectious, communicable, or dangerous to the public health?

If yes, Explanation: _____

PERSONAL PROPERTY - All personal property and effects delivered with the remains of the Decedent to the Crematory including jewelry, clothes, dental work, eyeglasses, etc. will be destroyed in the cremation process, unless specific instructions are given below. All arrangements for removing personal effects from the Decedent must be made known in this document.

_____ The remains of the Decedent DO NOT contain any personal effects that are to be returned to authorizing agent.

_____ The remains of the Decedent DO contain personal effects that are to be returned to authorizing agent.

Description of Personal Effects to be returned to the Authorizing Agent: _____

AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____

CASTLE HILL FUNERAL HOME – CREMATION AUTHORIZATION – PAGE 2 of 2

Name of Deceased: _____ Date of Death: _____

IDENTIFICATION AND SERVICES

I have not been denied the opportunity to personally identify the decedent or hold a public viewing for the Decedent. All arrangements for identifying or viewing the Decedent must be made known and scheduled on this document. The authorizing agent assumes full responsibility for identification of the Decedent.

IDENTIFICATION INFO: (additional fee to apply with Simple Cremation or Memorial Celebration – no preparations of deceased- 15 minutes – immediate family): Date: _____ Time: _____

SERVICE INFO: _____ Simple Cremation _____ Memorial Service (Without Cremains) _____ Memorial Service (With Cremains) _____ Viewing Service

Date of Service: _____ Location: _____ Time: _____

AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____

CREMATION CONTAINER AND URN

A casket is not required for cremation. However, Calumet Wilbert Crematory requires that the Decedent arrive at the Crematory in a rigid leak proof container, either a casket or alternative container. Castle Hill Funeral Home will supply an alternative container with no added cost. If the Authorizing Agent chooses to select a casket for cremation the Crematory is authorized to dispose of handles, ornaments, or other noncombustible items attached to the casket. The cremation container containing the remains of the Decedent will be placed into the cremation chamber under extreme heat and will totally and irreversibly be destroyed.

Type of container selected: _____ Alternative Container _____ Other Container (Description: _____)

URN: An urn to hold the cremated remains may be purchased. If an urn is not purchased, the cremated remains will be returned in a rigid temporary container.

Description of Urn purchased: _____

AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____

ORDER FOR DISPOSITION OF CREMATED REMAINS

I authorize Calumet Wilbert Crematory to cremate and process the deceased's remains and to return the cremated remains to Castle Hill Funeral Home. I understand that the services and obligations of the crematory shall be fulfilled when the cremated remains of the deceased are returned to custody of Castle Hill Funeral Home. Calumet Wilbert Crematory will transfer possession of cremated remains to Castle Hill Funeral home no later than 30 days after the date of cremation.

_____ Release to – Name & Address: _____

_____ Deliver to Cemetery (addition fees to apply) – Name & Address of Cemetery: _____

_____ Ship to (addition fees to apply) – Name & Address: _____

Castle Hill Funeral Home can not release the cremated remains of the decedent to any representative not documented above.

AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____ AUTHORIZING AGENT'S INITIALS: _____

AUTHORIZING AGENT

I declare under penalty of perjury that the foregoing information is true and correct, and I make this statement to induce Castle Hill Funeral Home and Calumet Wilbert Crematory to cremate the remains of the deceased. I agree to hold harmless, indemnify and defend Castle Hill Funeral Home and Calumet Wilbert Crematory against claims, liabilities, damages, costs or expenses (including attorney fees), which may result from this authorization and order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or harmful implants, infectious disease, or other person claiming right to control disposition of the deceased's remains.

Printed Name: _____ Signature: _____

Address: _____ Relation: _____ Date: _____

Printed Name: _____ Signature: _____

Address: _____ Relation: _____ Date: _____

Printed Name: _____ Signature: _____

Address: _____ Relation: _____ Date: _____

Funeral Director's Signature: _____ Date: _____
Christopher Chelbana 034-015299 (Illinois) -- FD 20700033 (Indiana)
Nicole Chelbana 034-016463 (Illinois) -- FD 21800054 (Indiana)

Notary of the Public: Sworn and Subscribed to me on this _____ day of _____, 20____
Notary: _____
My Commission Expires: _____