

# DAVENPORT CREMATORY

419 E Terra Cotta Ave., **Crystal Lake**, IL 60014 (815) 459-3411

941 S. Old Rand Rd., **Lake Zurich**, IL 60047 (847) 550-4221

## AUTHORIZATION FOR CREMATION AND DISPOSITION

The undersigned ("Authorizing Agent(s)") hereby authorize and request Davenport Family Funeral Home (DFFH) and Davenport Crematory (DC), in accordance with and subject to its rules and regulations, and any applicable State or local laws or regulations, to cremate the human remains of \_\_\_\_\_, decedent. I (We), the undersigned, certify, warrant and represent that I/We have the full legal right and authority to authorize said cremation and are not aware of any living person who has a superior priority to serve as an authorizing agent with respect to this authorization under Illinois law, or in the case of being aware of a living person who has a superior priority right, all reasonable efforts to contact that person have been made without success and that the undersigned have no reason to believe that such person would object as to the cremation of the deceased. I (We) have identified the human remains as the decedent, and have authorized the DC/ DFFH to proceed with the cremation. Otherwise, I (We) have elected to waive the right to identify the human remains. I (We) have read the attached document entitled "Policies and Procedures" (reverse side of this form) and hereby authorize DC/DFFH to perform the cremation of the decedent in accordance with this document. **Initials of AA** \_\_\_\_\_

### IDENTIFICATION

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ AM/PM Was death caused by an infection(s) or contagious disease? **Yes No** if yes, please explain \_\_\_\_\_  
Type of Identification: **Viewing Hospital / Nursing Home Tag Morgue Tag Other** \_\_\_\_\_

### PACEMAKERS, SILICON AND RADIOACTIVE IMPLANTS

Do the decedent's remains contain a pacemaker, silicon or radioactive implant/device? **Yes No** **Initials of AA** \_\_\_\_\_  
I (We) authorize the removal and disposal of the following implants or devices: \_\_\_\_\_ **Initials of AA** \_\_\_\_\_

### SCHEDULING OF THE CREMATION

- I (We) have made arrangements for viewing and /or a service or being present during the cremation with the date and time of services being \_\_\_\_\_ **Initials of AA** \_\_\_\_\_
- We hereby waive the right to witness the cremation or be present during the cremation and authorize DC and/or DFFH to perform the cremation upon receipt of the human remains, without obtaining any further authorization or instructions. **Initials of AA** \_\_\_\_\_

### FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed and placed in the designated receptacle\*, the funeral home will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent (s) hereby authorizes the funeral home to release, deliver, transport, or ship the cremated remains as specified. Please check one of the following:

- \_\_\_\_ Release cremated remains to the person specified by the authorizing agent **Initials of AA** \_\_\_\_\_
- \_\_\_\_ Release cremated remains to DC to scatter (cremains cannot be recovered)
- \_\_\_\_ Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt\*\*

Mail to: \_\_\_\_\_  
Cremated remains will be encased in \_\_\_\_\_ urn or temp container. Special Instructions: \_\_\_\_\_

\*\*If option three is selected, then I (we) agree to assume all liability that may arise from such shipment, and to indemnify and hold DC/DFFH harmless from any and all claims that may arise. A postage & handling fee of \$150 will be charged. **Initials of AA** \_\_\_\_\_

### Limitation of Liability

The obligation of DC shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on the Cremation Authorization Form. No warranties expressed or implied have been made. As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless DC / DFFH its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to DC and the funeral home, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful implants, claims brought by any 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 DC/DFFH, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. **Initials of AA** \_\_\_\_\_

### SIGNATURES OF AUTHORIZING AGENT(S)/CERTIFICATION OF NEXT OF KIN

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I, \_\_\_\_\_, hereby certify that I am the closest living relative or next of kin of the deceased. I further certify that no other relative or party in interest has objected to this cremation. I hereby authorize Davenport Family Funeral Home to release the cremated remains to: \_\_\_\_\_  
I have been informed that a storage charge of \$30/month will be assessed for cremated remains that are not picked up within 30 days of this date.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Relationship to decedent \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Relationship to decedent \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Signature of Funeral Director as witness for signature(s) of Authorizing Agent(s)

NOTARY PUBLIC

License # \_\_\_\_\_

# DAVENPORT CREMATORY

Davenport Crematory is licensed by the Illinois Environmental Protection Agency and is registered with the Comptroller's Office of the State of Illinois. In order to ensure that your loved one receives the same respect and care at the crematory, as at the funeral home, the cremation process is only performed at our facility and by our certified and caring staff. What sets us apart from other funeral homes that offer cremation services is that your loved one never leaves our entrusted care. This is further assurance to you that the cremation will be accorded as you would wish.

We strive to exceed the requirements set forth in the Illinois Cremation Act. This law went into effect January 1, 1993 and states certain procedures be followed and specific criteria be met for each cremation performed.

## POLICIES AND PROCEDURES

- A. Cremation is irreversible and final.
- B. Only one decedent is in the cremation chamber at a time. Exceptions are only made in the case of close relatives, and then only with the prior written instructions.
- C. The decedent is always cremated in a casket or alternative container that is combustible. All wooden caskets and alternative containers must meet the following standards: 1) be composed of materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for the health and safety of crematory personnel. Many caskets that are composed primarily of combustible material also contain some exterior parts, e.g., decorative handles or rails that are not combustible and that may cause damage to the cremation equipment. DC at its sole discretion, reserves the right to remove and discard these non-combustible materials prior to cremation.
- D. Due to the nature of the cremation process, all personal items such as photos, jewelry, dental and medical devices that accompany the body at the time of the cremation are not recoverable. At the conclusion of the cremation, all of the cremated remains or that portion which are able to be recovered by reasonable means are removed from the cremation chamber. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling or minute particles of cremated remains from the residue of previous cremations is a possibility. After the cremated remains are removed from the cremation chamber, non-combustible materials will be separated from the cremated remains and discarded. DC makes a reasonable effort to put all of the cremated remains in the urn or temporary container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or temporary container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Cremation Authorization Form.
- E. These cremated remains are then processed to a fine consistency and placed in a temporary container or the urn that you have selected.
- F. Be assured your loved one is always treated with sacred respect and care.

## REQUIREMENTS FOR CREMATION

- 1. All scheduled ceremonies with viewing have been completed.
- 2. 24 hours have transpired since the death occurred.
- 3. County cremation permit has been issued and the death certificate has been filed.
- 4. All necessary authorizations have been obtained, and no objections have been raised.

## PACEMAKERS, SILICON AND RADIOACTIVE DEVICES

Pacemakers, silicon and radioactive devices and implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that they are removed prior to cremation. If the funeral home is not notified about such devices and/ or implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to DC or crematory personnel by such devices and/or implants.

## WITNESSING

Witnessing is allowed. An additional fee will be incurred for witnessing the cremation.

**Cremation in and of itself is not "final". Arrangements for the disposition and memorialization of cremated remains should be completed concurrently with the execution of this authorization.** The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and usually measure in excess of 150 cubic inches. Provisions must be made for final disposition. Therefore, DC strongly suggests that arrangements for final disposition be made at the time the cremation arrangements are made and that the Cremation Authorization Form is completed. A storage charge of \$30.00/month or any portion thereof will be assessed for cremated remains that are not picked up within 30 days of the date this authorization was executed.

If the option selected for final disposition includes scattering, then the cremated remains will not be recoverable.

## ELECTION OF IRREVOCABILITY

(For Illinois Pre-Need Services Only)

( ) I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors deem a change to be appropriate. Initials of AA \_\_\_\_\_

( ) I wish to allow only the survivors whom I have designated below the option of canceling my cremation and selecting alternative arrangements, if they deem a change to be appropriate. Initials of AA \_\_\_\_\_

Designated survivors: \_\_\_\_\_

## RECEIPT OF CREMATED REMAINS

I have received the cremated remains from DC/DFFH.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_