

REMEMBRANCE CREMATION CENTER

7067 Cleveland Road, Wooster, Ohio 44691

PHONE: 330-345-5665

FAX: 330-345-8379

AUTHORIZATION FOR CREMATION

The State of Ohio requires that this Authorization Form be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. Therefore, we want you to fully understand the process prior to signing this Authorization.

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____

Date of Death: _____ Time of Death: _____

Place of Death: _____

Sex: Male _____ Female _____ Age: _____ Date of Birth: _____ Soc. Sec. # _____

Initials of AA The Authorizing Agent has viewed the Decedent's remains and positively identified them as the body of the Decedent named above; **OR**

Initials of AA The personal representative of the Authorizing Agent (Name): _____ has viewed the Decedent's remains and positively identified them as the body of the Decedent named above; **OR**

Initials of AA The undersigned has DECLINED or is UNABLE to view the Decedent BUT has positively identified them as that of the Decedent through other methods, see attached *Identification Without Viewing Form*.

2. The undersigned has the right to make such authorization, and agrees to hold Remembrance Cremation Center and the funeral home harmless

3. A signed burial transit permit, which states cause of death, and all other required permits have been obtained by _____ in the state where death occurred.
(Name)

4. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____

Address of Authorizing Agent: _____

City, State and Zip Code: _____

Telephone No.: (_____) _____

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent whose remains are to be cremated or the Individual whose body parts are to be cremated is as follows:

- (a) The representative 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 descendants of the Decedent's grandparents as spelled out in Section 2105.06 of the Ohio 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.
- (k) If the final disposition of the Decedent's remains are 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.

5. AUTHORITY OF AUTHORIZING AGENT

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

Initials of AA As Authorizing Agent, I have checked a box in Section 4 above. I understand that any living person who meets the qualifications of any level above or equal to the one I checked would have a **superior or equal** right to act as the Authorizing Agent. I do not have actual knowledge of the existence of any living person who has a **superior or equal** right to act as the Authorizing Agent.

OR

Initials of AA As Authorizing Agent, I have checked a box in Section 4 above. I am aware of a living person or persons who 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

_____ As Authorizing Agent, I have checked a box in Section 4 above. I am aware of a living person or persons
Initials of AA who have a **equal** 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
equal priority right would object to the cremation of the Decedent.

**6. PACEMAKERS, IMPLANTS, PROSTHESES, DEFIBRILLATORS AND TREATMENT OF
DECEDENT WITH STRONTIUM-88 (MESATRON)**

Pacemakers, radioactive silicon, defibrillators or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. In addition, Remembrance Cremation Center may not cremate the Decedent's remains if the Decedent was previously treated with Strontium-88 (Mesatron), a radioactive material. 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:

_____ The Authorizing Agent has no actual knowledge of the presence of any of the devices described
Initials of AA above.

OR

_____ As Authorizing Agent, I instruct the Funeral Home to remove each device listed above and to charge for
Initials of AA its services in making or arranging for such removal. The Funeral Home is to dispose of all such devices.

7. The cremation will not conflict with any gift of any part of the Decedent's remains made under the Uniform Anatomical Gift Act.

8. I (We) have received and read the attached document which is hereby incorporated by reference, entitled
"Remembrance Cremation Center, Policies, Procedures and Requirements," and hereby authorize Remembrance
Initials of AA Cremation Center to perform the cremation of the Decedent's remains in accordance with that document.

9. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs Remembrance Cremation Center and/or the 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 Remembrance Cremation Center or the Funeral Home utilize a class of U.S. mail 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 initial the applicable options selected:

_____ The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, Remembrance
Initials of AA Cremation Center shall deliver the cremated remains of the Decedent for disposition as follows:

Deliver to _____ cemetery with which arrangements have already been made.

Deliver or release to:

Name: _____ Relationship: _____

Address: _____

_____ The Authorizing Agent understands that if no arrangements for the final disposition, release, or shipment of the
Initials of AA cremated remains are made in this Authorization, Remembrance Cremation Center and/or the 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 Remembrance Cremation Center or the Funeral Home
may return the cremated remains to the Authorizing Agent at the address listed above. 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 Remembrance Cremation Center or the Funeral Home, then
Remembrance Cremation Center 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 Remembrance Cremation Center or the Funeral Home immediately upon receipt of an invoice.

10. CREMATION CONTAINER AND URN:

Prior to the cremation, Remembrance Cremation Center requires all remains be placed in a casket or enclosed cremation container.

_____ Description of casket or alternative container: _____
Initials of AA

The Authorizing Agent instructs the Remembrance Cremation Center to place the cremated remains in the following urn or temporary container:

_____ Description of urn or temporary container: _____
Initials of AA

11. TIME OF CREMATION

Please initial one of the following:

_____ Remembrance Cremation Center may perform the cremation of the Decedent's remains at a time and
Initials of AA date as its work schedule permits and without any further notification to the Authorizing Agent.

OR

_____ The cremation shall take place in accordance with the approximate schedule set forth below:

Initials of AA

Date: _____ Time: _____

12. SPECIAL ACCOMMODATIONS

_____ **Initials of AA** (Please Type or Print Legibly)

13. SIGNATURE OF AUTHORIZING AGENT(S)
THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Authorization for Cremation form as Authorizing Agent(s), the undersigned warrants that all representations and statements contained herein are true, accurate, and correct; that these statements were made to induce Remembrance Cremation Center to cremate the Decedent's remains in the casket or alternative container in which the Decedent's remains are delivered to and accepted by Remembrance Cremation Center; and that the undersigned has read and understands the provisions contained in this form and its attachment. This authorization may be revoked or modified by the Authorizing Agent at any time before the cremation process begins. 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 the Crematory's reliance on or performance consistent with the directions, statements, representatives, and agreements contained in this Authorization.

If the cremated remains are shipped at any time, the Authorizing Agent directs that Remembrance Cremation Center utilize Priority Mail Express via US Mail with a return receipt or a shipping service that uses an internal system for tracking the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains. **FUNERAL HOME AND CREMATORY ARE NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE OF CREMATED REMAINS SHIPPED VIA PRIORITY MAIL EXPRESS WITH THE UNITED STATES POSTAL SERVICE OR ANY STATE APPROVED METHOD OF DELIVERY.**

Executed at _____, this _____ day of _____, _____

Name(s) _____ Signature _____
(Print Name)

(Print Name)

(Print Name)

(Print Name)

Witness of Signature(s) by a Funeral Director

Name of Licensed Funeral Director

Signature of Licensed Funeral Director

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

The Funeral Home certifies that the Decedent's remains being transferred to the custody of Remembrance Cremation Center, 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 13 hereof, has taken reasonable precautions to ensure the removal of any device listed in Section 6 from the Decedent's remains or to render such device non-hazardous.

Date: _____ Funeral Home _____

Time: _____ By: _____
Licensed Funeral Director

*Remembrance Cremation Center
Policies, Procedures and Requirements*

This document describes many of the policies and requirements of the Remembrance Cremation Center and is incorporated in our Authorization for Cremation form. We suggest you take the time to read and understand this document carefully before executing the Authorization for Cremation form.

Remembrance Cremation Center's Requirements for Cremation

1. Governmental and medical authorities have issued all required permits
2. All necessary authorizations have been obtained, and no objections have been raised
3. A period of at least twenty-four (24) hours has elapsed since Decedent's death as indicated on a complete, non-provisional death certificate, unless by governmental rule or order cremation is required sooner.

Caskets/Containers

Remembrance Cremation Center requires either a casket or an alternative (cremation) container for cremation. All caskets and alternative containers must meet the following standards:

- 1) Must be composed of materials suitable for cremation;**
- 2) Must be able to be closed to provide a complete covering for the deceased human remains;**
- 3) Must be resistant to leakage or spillage;**
- 4) Must be sufficient for handling with ease;**
- 5) Must be able to provide protection for the health and safety of Remembrance Cremation Center 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. Remembrance Cremation Center, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner. If a metal casket is purchased and delivered to Remembrance Cremation Center, then Remembrance Cremation Center at its sole discretion, reserves the right to take any or all of the following steps to facilitate the cremation: to remove the casket lid prior to cremation; to prop the casket lid open during cremation; or to cut an additional opening in the casket. Following the cremation, the remnants of the metal casket shell will be manually or mechanically reduced in size so that they may be discarded in an economical manner with similar materials from other cremations and other refuse in a non-recoverable manner.

Multiple Cremations

Under Ohio law, the remains of more than one decedent may not be simultaneously cremated in the same cremation chamber unless the decedents to be cremated were related by blood or affinity, or were, any time during the one-year period preceding their deaths, living in a common law marital relationship or cohabitating. Unless provided for in Section 11 of the Authorization for Cremation form, the Decedent's remains shall be individually cremated.

Witnesses

To the extent permitted by Remembrance Cremation Center, the persons listed in Section 11 of the Authorization for Cremation form are authorized to be present at the cremation room prior to the cremation of the Decedent's remains. Upon the completion of the cremation process the Decedent's cremated remains will be returned to the Funeral Home listed above, unless otherwise directed on Authorization for Cremation.

The Cremation Process

Cremation is performed by placing the Decedent's remains in a casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. Through the use of a suitable fuel, (calcium compounds) and metal (including dental gold and silver and other nonhuman material) 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 a 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 will be destroyed, and properly discarded by Remembrance Cremation Center.

As the casket or container will not normally be opened by Remembrance Cremation Center (to remove valuables, to allow for a final viewing or for any other reason), arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the Decedent's remains is transported to Remembrance Cremation Center.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average sized adult, are then removed from the cremation chamber. Remembrance Cremation Center makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible) such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc. will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by Remembrance Cremation Center with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. After the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This 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 will be virtually unrecognizable as human remains.

Urns/Containers

After the cremated remains have been processed, they will be placed in the designated urn or container. Remembrance Cremation Center will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container provided is insufficient to accommodate all the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle.

**Within a reasonable time, the cremated remains will be returned to the Funeral Home in charge,
Unless otherwise specified.**

VERIFICATION OF IDENTIFICATION WITHOUT VIEWING

Name Of Deceased: _____ Date of Death: _____

Describe Methods Used To Confirm Identification (e.g., photographs, scars, tattoos):

- Photograph Provided (Photo ID or recent snapshot)
- Other: _____

The undersigned, having declined to make identification through actual viewing of the remains of the above named deceased, hereby authorizes Remembrance Cremation Center to perform identification verification through the means listed above and agrees to indemnify and hold Remembrance Cremation Center and its officers, directors, affiliates, and agents harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorneys' fees and expenses of litigation) brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify.

9 Sign Here and Fill-In Your Information

Signature Print Name Relationship to Deceased

Witness/Cremation Service Representative:

Date: _____
Print Name

9 Signature Must be Notarized

NOTARY

(Required if document is not witnessed by the Cremation Service Representative)

The foregoing instrument was sworn to and subscribed before me this _____ day of _____, 20
by _____

, who is/are personally known to me or who has/have produced the following as identification:

Type of Identification :

Signature of person taking acknowledgement
Notary Seal (Rubber Stamp and Expiration)