

# FAX Cremation Documents

*Kopicki Family Funeral Homes*

Since 1909

3117 South Oak Park Avenue  
Berwyn, Illinois 60402

Fax: (708)788-7777

Phone: (708)788-7775

## URGENT

Send To:	From:
Re:	Date:
Fax #	Office Location: Main Office
Phone #	Phone Number: 708-788-7775

- Urgent
- Reply ASAP
- Please Review For Your Information
- Parkwyn Funeral Home and B.C.C.S. Cremation Society  
6901 West Roosevelt, Berwyn, Illinois 60402
- Tower Home For Funerals, Stickney Forest-view Funeral Home and Cremation Society, 4007 Joliet Avenue, Lyons, Illinois 60534
- **Heritage Funeral Home** and American Heritage Cremation  
3117 South Oak Park Avenue, Berwyn, Illinois 60402  
(main office)

Total pages, including cover:



- **Please notarize page with the star on top left hand side of identification page.**

State of Illinois  
Certificate of Death Worksheet

All Information will be submitted to the State of Illinois to obtain permits and death certificates. Any requested corrections to information furnished on this worksheet after filing will be charged \$150 per request in addition to the state filing fees and cost of corrected copies.

**Please Print Clearly**

Decedents Legal Name (Include AKAs if any) (First, Middle, Last)

\_\_\_\_\_ Sex:  Male  Female

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Last Birthday: \_\_\_\_\_ County of Death: \_\_\_\_\_

Hospital or other Institution Name (If not in either, give street and number) \_\_\_\_\_ Decedents Aprox Weight \_\_\_\_\_

City or Town: \_\_\_\_\_ State \_\_\_\_\_

If death occurred in Hospital

Inpatient  E.R./Outpatient  Dead on Arrival Autopsy:  YES  NO

If death occurred somewhere other than a Hospital

Hospice Facility  Nursing Home  Decedents Home  Other (Specify) \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City and State

Social Security #



Ever in U.S. Armed Forces: \_\_\_\_\_ Branch \_\_\_\_\_

Married  Married but Separated  Widowed  Divorced  Never Married  Unknown

*(BE CAREFUL ON SPOUSES NAME)*

Surviving Spouses First Name *(If wife, give full name prior to marriage "MAIDEN NAME")* Spouses Current Last Name

\_\_\_\_\_

Residence

\_\_\_\_\_ Street and number

City or Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Inside City Limits:  YES  NO

Fathers Name: \_\_\_\_\_  
First Middle Last

Mothers Name: \_\_\_\_\_  
First Middle Last name prior to first marriage (Maiden Name) *(BE CAREFUL)*

Informant: \_\_\_\_\_ 16b. Relationship: \_\_\_\_\_  
Person completing this form

Mailing Address \_\_\_\_\_  
Address City State Zip

Method of Disposition:

Burial  Cremation  Donation  Entombment  Other (Specify) \_\_\_\_\_

Place of Disposition: Funeral Directors Crematory Location (City & State) Berwyn, Illinois  
Cemetery or Funeral Directors Crematory

**Decedents Education**

- 8th Grade or Less       9th -12th grade no diploma       High school graduate or GED
- Some College credit, but no degree       Associate Degree (e.g.,AA,AS)
- Bachelor's Degree (e.g., BA, AB, BS)       Master's Degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g., MD, DDS, DVM,LLB, JD)       Unknown

**Decedent of Hispanic Origin?**

- No, not Spanish/Hispanic/Latino       Yes, Mexican/Mexican American/Chicano
- Yes, Puerto Rican       Yes, Cuban       Yes, Other Spanish/Hispanic/Latino

Please List \_\_\_\_\_

**Decedent's Race**

- White       Black or African American       American Indian       Alaskan Native
- Asian Indian       Chinese       Filipino       Japanese       Korean
- Vietnamese       Other Asian ( Specify ) \_\_\_\_\_
- Native Hawaiian       Guamanian       Chamorro       Samoan

**Other Pacific Islander ( Specify )** \_\_\_\_\_ **Other ( Specify )** \_\_\_\_\_

**Decedents Usual Occupation:** \_\_\_\_\_ **(Do Not List Retired)**

**Business / Industry:** \_\_\_\_\_

Physician in Care of Decedent \_\_\_\_\_ Phone Number \_\_\_\_\_

Physicians Address \_\_\_\_\_ E-Mail \_\_\_\_\_

**Person in Charge of Arrangement's**

**(Contact Information)**

**Sign Here X** \_\_\_\_\_

**Relationship** \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Check# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

P.A. Case # \_\_\_\_\_

Home Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_

Cell Phone \_\_\_\_\_

Expiration Date \_\_\_\_\_ Code on Back \_\_\_\_\_

E-Mail \_\_\_\_\_

Is Billing Address the Same? YES or NO



# Funeral Directors Crematory

6901 West Roosevelt Road

Berwyn, IL 60402



## Certification of Next of Kin for Cremation Medical Examiner or Coroner

I/We, \_\_\_\_\_ hereby certify that I am the closest  
(Print Name of Authorizing Agents)

living relative or next of kin of \_\_\_\_\_ Deceased.  
(Print Name of Decedent)

I further certify that no other relative or party in interest has objected to the cremation.

Age of Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ AM/PM

Place of Death \_\_\_\_\_ Aprox Height \_\_\_\_\_ Aprox Weight \_\_\_\_\_

### \*\*\* Cremation and Disposition Authorization \*\*\*

I/We state, represent and warrant that I am/we are the \_\_\_\_\_ (related as) of the Decedent and that under 410 ILCS 18/15(a) paragraph \_\_\_\_\_ (on page 3) I/We have the right and hereby authorize the cremation of the decedent and the disposition of the cremated remains pursuant to the regulations of the Funeral Directors Crematory and the instructions on this form. I am/We are aware of no objections to this cremation by the surviving spouse, any child, parent or sibling of the Decedent, or of provisions of any contract or instruction (including any pre-arranged funeral plan) made by the Decedent objecting to cremation. I/We, the undersigned, (the "Authorizing Agents") hereby authorize and request in accordance with the subject to the rules and regulations and any applicable state or local laws or regulation for Kopicki's Heritage Funeral Home Ltd. or Kopicki's Parkwyn Funeral Home ("the Funeral Home") or any agent of the funeral home or crematory to cremate the above named human remains ("the Decedent") and to arrange for the final disposition of the cremated remains.

#### Pacemakers, Prostheses, Radioactive Implants, Personal Effects and Contagious Disease

Did the deceased die of any contagious or infectious disease?	Yes ( )	No ( )	If yes, please list _____
Was the decedent treated with radioactive therapy?	Yes ( )	No ( )	If yes, please list _____
Does the deceased have a pacemaker or other implant?	Yes ( )	No ( )	If yes, please list _____
Does the deceased have jewelry, valuables or other personal effects?	Yes ( )	No ( )	If yes, please list _____

Special Instructions \_\_\_\_\_

It is understood that cremation cannot take place if a pacemaker or other material or implant is present in the deceased, and if it is hereby represented that such devices or materials exist, the funeral home and crematory is hereby authorized to remove and dispose of such devices or materials prior to cremation. I have authorized the funeral home to deliver the decedent to the crematory and proceed with the cremation upon receipt of the human remains.



### Identification

I/We have not made any direct identification. I/We Hereby waive any rights to make a direct identification of the above named deceased. I/We are unable to make a direct identification. I/We Further direct the funeral home and crematory to use other methods of indirect identification such as but not limited to hospital or nursing home records. If other please specify: \_\_\_\_\_

I/We agree to release and indemnify the Funeral Home and the Funeral Directors Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Funeral Directors Crematory's reliance on the records provided in regard to this method of indirect identification. I/We agree that the Funeral Directors Crematory's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid to the funeral home and/or Crematory by the undersigned(s). The authorizing agents assume all responsibility in regard to the identification of the deceased transferred to the Funeral Home.

### Merchandise

Type of casket or container selected: \_\_\_\_\_  
(This container is necessary to transfer the deceased to the crematory)

Type of urn selected: \_\_\_\_\_  
(This container is necessary for the cremated remains)

The crematory will not accept the remains of the decedent for cremation, unless they are received in a suitable cremation container. The crematory reserves the right to accept or reject a cremation container constructed of non-combustible material. The funeral home or crematory is authorized to dispose of residue from a non-combustible container accepted for cremation, or handles or other items attached to any cremation container, at its sole discretion.

### Final Disposition

\_\_\_\_\_ Cremated remains to be returned in Temporary Urn. \_\_\_\_\_ Cremated remains to be returned in Permanent Urn.

Name of person or funeral home authorized to receive the cremated remains from the crematory authority. \_\_\_\_\_

The manner in which final disposition of the cremated remains is to take place. If known, please list \_\_\_\_\_

### DO NOT SIGN THIS DOCUMENT UNLESS ALL BLANKS OF THIS FORM HAVE BEEN FILLED IN.

I/We agree to release and indemnify the Funeral Home and the Funeral Directors Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Funeral Directors Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We agree that the Funeral Home and Funeral Directors Crematory's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid to the Funeral Home and/or Crematory by the undersigned(s). I/We warrant that all representations and statements contained in this form are true and correct.

**Notice: This is a legal document that contains important provisions concerning cremation. Read this entire document (including the information on all 3 pages of this form) carefully before signing. Cremation is an irreversible and final process.**

Executed at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

→ **X** \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

X \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ **(Affix notary seal below)**

Funeral Director Signature **X** \_\_\_\_\_  
License Number 034-012134  
Funeral Home **Kopicki's Heritage Funeral Home, LTD or Kopicki's Parkwyn Funeral Home, LTD or Tower Home For Funerals**  
Address **3117 S. Oak Park Ave., Berwyn, IL 60402**  
Phone # **708-788-7775 708-788-0904 708-447-7900**

\_\_\_\_\_  
**Notary Public**

## AT NEED CREMATION AND DISPOSITION AUTHORIZATION ILLINOIS STATUTES

### 410 ILCS 18/15 Authorizing Agents

The following persons, in the priority listed, shall have the right to serve as an authorizing agent:

- (1) The individual who was the spouse of the decedent at the time of the decedent's death, except as set forth in paragraphs (2) or (3) of this subsection.
- (2) Any person acting on the instructions of a decedent who authorized his or her own cremation through the execution, on the pre-need basis, of a cremation authorization form under Section 70, unless the authorization specifically provides for a designated survivor to alter the arrangements under subsection (b) of Section 70, and the designated survivor, has contacted the crematory authority and expressed the desire to alter the arrangements. The actions of such a designated survivor, however, shall not prevent another individual, who has a priority right superior to that of the designated survivor according to this Section, from authorizing the cremation of the decedent by executing a new cremation authorization form.
- (3) Any person serving as executor or legal representative of a decedent's estate and acting according to the decedent's written instructions.
- (4) The decedent's surviving adult children. If there is more than one adult child, any adult child, who confirms in writing the notification of all other adult children, may serve as the authorizing agent, unless the crematory received a written objection to the cremation from another adult child.
- (5) The decedent's surviving parent. If the decedent is survived by 2 parents, either parent may serve as the authorizing agent unless the crematory authority receives a written objection to the cremation from the other parent.
- (6) The person in the next degree of kinship under the laws of descent and distribution to inherit the estate of the decedent. If there is more than one person of the same degree, any person of that degree may serve as the authorizing agent.
- (7) In the case of indigents or any other individuals whose final disposition is the responsibility of the State or any of its instrumentalities, a public administrator, medical examiner, coroner, State appointed guardian, or any other public official charged with arranging the final disposition of the decedent may serve as the authorizing agent
- (8) In the case of individuals who have donated their bodies to science or whose death occurred in a nursing home or other private institution, who have executed cremation authorization forms under Section 65 and the institution is charged with making arrangements for the final disposition of the decedent, a representative of the institution may serve as the authorizing agent.
- (9) In the absence of any person under paragraphs (1) through (8), any person willing to assume the responsibility as authorizing agent, as specified in this Act. (b) In the case of body parts, a representative of the institution that has arranged with the crematory authority to cremate the body part may serve as the authorizing agent. (c) No person may serve or shall be allowed to serve as an authorizing agent when a decedent has left instructions in the manner provided under subsection 9a0 of the Section that they do not wish to be cremated.

### Cremation Process

The Funeral Directors Crematory will perform the cremation within 10 days from the date of delivery of the human body to the crematory. If the cremation cannot take place within this timeframe, Funeral Directors Crematory must notify the authorization agent for the reason for the delay in the cremation. The 10-day timeframe does not include individuals who have donated their bodies to science. "The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material and small amount of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in dedicated cemetery property or scattered at sea." Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as anybody prostheses or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. As the casket or container will usually not be opened by Funeral Directors Crematory, the Authorized Agent(s) understand that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the decedent is transported to the Funeral Directors Crematory. Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory makes all reasonable efforts and uses its best efforts to remove all 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, and the Authorized Agent understands and accepts this fact. After the cremated remains have been processed, they will be placed into a designated urn or container. The Crematory 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 in the processing equipment. The Funeral Home or the agent for the Funeral Home will pick up the urn/container containing the cremated remains and deliver/dispose of it as directed by the Authorized Agent. If the Authorizing Agent does not want to decedent's cremated remains to be mechanically processed, the Funeral Directors Crematory must be notified in writing. The Authorizing Agent recognizes, however, that it will be necessary for them to be reduced manually to a size permitting their placement into the urn or container.

Hospital or Nursing Home \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Doctors Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Time of Death \_\_\_\_\_

# *Kopicki Family Funeral Homes*

## **Confidentiality Release, Removal, Embalming and Funeral Home Authorization**

- \_\_\_\_\_ **Kopicki's Heritage Funeral Home** **1-708-788-7775**  
American Heritage Cremation  
3117 South Oak Park Avenue, Berwyn, Illinois 60402
- \_\_\_\_\_ **Kopicki's Tower Home For Funerals** **1-708-447-7900**  
4007 Joliet Avenue, Lyons, Illinois 60402
- \_\_\_\_\_ **Kopicki's Parkwyn Funeral Home** **1-708-788-0904**  
B.C.C.S. Cremation Society  
6901 West Roosevelt Road, Berwyn, Illinois 60402

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Date of death

**I (we) request Burial**

**I (we) request Cremation**

The undersigned individually and jointly and severally authorize the above named funeral home to care for and prepare for final disposition the remains of the above named deceased person in accordance with customary practices and as provided by the rules, regulations and laws of the State of Illinois. The undersigned further agrees and acquiesces in and to the removal of the remains to the above named funeral home premises. The undersigned hereby represent that I am (we/are) of the same and nearest degree of relationship to the above named deceased person and/or are legally authorized or charged with the responsibility for the proper burial and/or other disposition of these remains. Please release any and all Confidential Information, Medical, Financial and Statistical to the funeral home in regard to the above named deceased person. This is necessary to file death certificates and file for certain local, state and federal benefits. I/we further authorize the above named funeral home to arrange, endorse and contract for goods, services and benefits including but not limited to Insurance, First Class Claims, Funeral Financing, Public Aid, V.A. benefits to facilitate the disposition of the above named deceased person. In the event of non-payment of any portion of billed and/or reimbursable amounts by any of the previous agencies or contractors, it is agreed that said portion shall become the responsibility of the person(s) signing this document. I/We agree to release and indemnify the above Funeral Home and the Funeral Directors Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Funeral Directors Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We agree that the Funeral Home and Funeral Directors Crematory's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the fees paid to the Funeral Home and/or Crematory by the undersigned(s). I/We warrant that all representations and statements contained in this form are true and correct.

**I (we) request embalming**

**I (we) do not request embalming**

**X** \_\_\_\_\_  
Sign Here

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Sign Here

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date