

DATE OF DEATH: \_\_\_\_\_ TIME OF DEATH: \_\_\_\_\_ FD OK: \_\_\_\_\_

## AUTHORIZATION FOR CREMATION AND DISPOSITION

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

I/We, the undersigned, certify, warrant and represent that I/we, have the full legal right and authority to authorize the cremation, processing and disposition of the remains of \_\_\_\_\_ (hereinafter referred to as the "Deceased").

Name of Deceased

I/We hereby request and authorize Affordable Cremation (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased & Funeral Service Belvidere at \_\_\_\_\_ (hereinafter referred to as the "Crematory").

SIGNATURE CREMATION SERVICES

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession of the Funeral Home. I/We authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☐ No Describe \_\_\_\_\_

Description of urn or container selected: \_\_\_\_\_ Suitable for shipping: ☐ Yes ☐ No

Deliver to \_\_\_\_\_ Cemetery

Name and Address of Cemetery

Release to family \_\_\_\_\_

Name of designated Family Member to Receive Cremated Remains

Ship via \_\_\_\_\_

To: Name \_\_\_\_\_ Address: \_\_\_\_\_

Other \_\_\_\_\_

The death ☐ did ☒ did not occur from a disease declared by the Department of Health to be infectious, contagious, communicable, or dangerous to the public health.

The cremation processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to Cremation and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED ☐ DO ☐ DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Please initial one

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

Description of Implanted Device

Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

Terms and Conditions continued on back

\_\_\_\_ (Initials) All of the above and the back has been read and understood. Terms and conditions are an integral part of this authorization.

### SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/we warrant that all representations and statements made herein are true and correct and that I/we read and understand the provisions contained in this document, and that I/we have received the booklet entitled "Cremation Facts".

Signature \_\_\_\_\_

Print Name

Relationship to Deceased

Address \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

Street

City

State

Zip

Signature \_\_\_\_\_

Print Name

Relationship to Deceased

Address \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

Street

City

State

Zip

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

Signature

Print Name

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary signature \_\_\_\_\_

(date)

My commission expires \_\_\_\_\_

(Imprint seal)

Name and address of Funeral Home