

Mt. Olivet Memorial Park, Ltd.

1436 Kenosha Road, Zion, IL 60099 ☎ P: 847-872-5476 F: 847-746-8137

CREMATION AUTHORIZATION

I (we), the undersigned (the "authorizing agent" or "AA"), hereby authorize and request Mt. Olivet Memorial Park, Ltd., hereafter referred to as the "Crematory", in accordance with and subject to its rules and regulations and any applicable federal, state and local laws, to cremate the human remains of _____ and to arrange for the final disposition of the cremated remains, as set forth on this form.

IDENTIFICATION OF REMAINS

I (we) have identified the human remains of _____ that were delivered to funeral home as the decedent and have authorized funeral home to deliver the decedent To Crematory for cremation. Initials of AA

REPRESENTATIONS

Address of Deceased _____

Date of Death _____ Place of Death _____ Time of Death _____ AM

Date of Birth _____ Place of Birth _____ Sex _____ Age _____ PAA

Was death caused by an infectious or contagious disease? YES NO If yes, please explain _____

IMPORTANT: Mechanical or other radioactive devices in the decedent may create a hazardous condition when placed in a cremation chamber. **ALL SUCH DEVICES MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO CREMATORY.**

Do the decedent's remains contain a pacemaker, radioactive implant, or any other life-sustaining device that could be explosive? YES NO If yes, please explain _____

I (we) understand that if I fail to notify the funeral home about a pacemaker or any other explodable and/or radioactive implant or device, that I will be liable for any damages caused Crematory or crematory personnel by such implant or device. Initials of AA

Name of Funeral Home **SAMBRANO FUNERAL & CREMATION, INC.**
Address **4606 OLD GRAND AVENUE, GURNEE, IL 60031** Phone No. **(847) 571-7719**

AUTHORITY OF AUTHORIZING AGENT

I (we) hereby certify that the decedent left the following surviving heirs at law:

Spouse: YES NO Name _____

Children: YES NO How Many _____ Name(s) _____

Parents: YES NO How Many _____ Name(s) _____

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent. Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

CERTIFICATION

I (we), the undersigned, hereby certify that I am (we are) the closest living next of kin of the decedent and that I am (we are) related to the decedent as his/her _____, or that I (we) have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the State, to execute this authorization form and to arrange for the cremation. I am (we are) aware of no objection to this cremation by any spouse, child, parent or sibling specified.

ALTERNATIVE PROVISIONS (Choose only one option if applicable)

There is another living person (_____) who has the right to control the final disposition of the decedent, but that person has provided me (us) with written permission to arrange for the cremation of the decedent. Initials of AA

There is another living person (_____) who has the right to control the final disposition of the decedent. I (we) have made all reasonable effort to contact this person, but have been unable to do so. However, I (we) have no reason to believe that this person would object to the cremation of the decedent. Initials of AA

SCHEDULING A CREMATION

The Crematory is authorized to perform the cremation upon receipt of the human remains in accordance with state law at its discretion and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

YES NO If no, please explain: _____ Initials of AA

The crematory does not allow witnesses unless approval is obtained from the crematory in advance. Viewing times to be determined by the crematory. Cremations may only be viewed from our viewing room.

CASKETS/CONTAINERS

The Crematory requires either a wooden casket or an alternative (cremation) container for cremation. If an alternative container is provided, it must meet the following standards: 1) be composed of readily combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be rigid enough for handling with ease; and 4) be able to provide protection for the health and safety of Crematory personnel.

Many caskets that are comprised primarily of combustible materials also contain some exterior parts, e.g. decorative handles, that are not combustible and may cause damage to the cremation equipment. Crematory, 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. Crematory does not allow the cremation of metal caskets. Initials of AA

EXPLANATION OF THE CREMATION PROCESS

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or the container into a cremation chamber or retort, where they are subjected to intense heat and flame. Through the use of a suitable fuel, incineration of the container and contents is accomplished by raising the temperature to approximately 2000°F. After about 1.5-3 hours, all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human 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 dental gold or jewelry 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 NOT be opened by the Crematory (to remove valuables, to allow for a final viewing or for any other reason), the Authorized Agent understands that arrangements must be made with the funeral home to remove any such possessions or valuables PRIOR to the time the decedent is transported to the Crematory.

Following a cooling period, the cremated remains are then swept or raked from the cremation chamber. The Crematory 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, and the Authorized Agent understands and accepts this fact.

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, nails, etc) to which bone particles or other human residue may be affixed, will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by the Crematory with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container.

URNS/TEMPORARY CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn/container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn/container, with the exception of dust or other residue that may remain on the processing equipment. In the event that the urn or other container selected 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 this form. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a temporary container designed for short-term use. Type of container selected: Temporary Container Urn Other_____

LIMITATION OF LIABILITY

The obligations of Crematory shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on this form. No warranties express or implied are made and damages shall be limited to the amount of the cremation fee paid. As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Crematory, 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 or connected with this authorization, including the failure to properly identify the decedent or the human remains transferred to the Crematory, the processing, shipping and final disposition of the decedent's cremated remains, any damage due to harmful or explodable implants, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, the Crematory will arrange for the disposition of the cremated remains as follows. The Authorizing Agent hereby authorizes the Crematory to release, deliver, transport or ship the cremated remains as specified. Check one of the following:

- Deliver cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to: _____ for permanent disposition. The Authorizing Agent understands 1. that the services of the Crematory will have been fully completed when the cremated remains are delivered to the Postal Service for mailing and that further handling and delivery are the responsibility of the Postal Service; 2. that the Crematory is only acting as an agent for accommodation in carrying out these instructions. The Authorizing Agent agrees to assume all liability for any damages that may arise from such delivery, and to indemnify and hold Crematory harmless from any and all claims arising from such mailing. Initials of AA
- Release the cremated remains to the following designated person:
Name _____ Relationship _____ Scheduled Date of Release _____
Address _____ Phone Number _____
- Funeral home will pick up cremains within ten (10) days.
- Arrange for the disposition of the cremated remains at the discretion of Crematory. If this option is selected, final disposition may include scattering or commingling of the cremated remains with other cremated remains, and that thereafter the cremated remains of the decedent shall not be recoverable. Initials of AA
- Other _____

The Authorizing Agent(s) understands that if no arrangements for the final disposition, release or transfer of the cremated remains are specified on this form, if Crematory is not subsequently provided with these instructions concerning the final disposition, release or transfer of the cremated remains within one year of the cremation or if cremated remains have not been picked up by the designated individual within one year of the cremation, then Crematory shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law. The Authorizing Agent(s) understands that if the option selected for the final disposition includes scattering, that the cremated remains will not be recoverable. The Authorizing Agent(s) also understands that if scattering is performed in a common area, that the cremated remains may be commingled with particles of other cremated remains that have been previously scattered.

SIGNATURE OF AUTHORIZING AGENT(S)

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce the Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained in this form.

Executed at _____, this ____ day of _____, 20__.

Printed Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Relationship to Decedent _____ Phone No. _____

Printed Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Relationship to Decedent _____ Phone No. _____

Printed Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Relationship to Decedent _____ Phone No. _____

REPRESENTATIONS OF FUNERAL DIRECTOR AS WITNESS TO AUTHORIZING AGENT(S)

By executing this authorization form as a licensed funeral director and agent of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that we reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form by the Authorizing Agent(s) are incorrect.
3. That the human remains delivered to the Crematory and represented as the human remains specified on this form are in fact that human remains that were identified to our funeral home as the decedent.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
5. That the representations above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

Signature of Licensed Funeral Director

Funeral Director License #

Date