

11. URN OR TEMPORARY CONTAINER (Please see Section #11 on reverse side of this form)

The Authorizing Agent directs the Crematory to use:

Urn selected by Authorizing Agent (Description) _____ **OR** Standard temporary shipping container provided by the Crematory

12. FINAL DISPOSITION (Please see Section #12 on reverse side of this form)

- **INITIALS** _____ The Crematory shall make available the cremated remains of the Decedent to the Funeral Home.
- **INITIALS** _____ The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, the crematory, shall deliver the cremated remains of the Decedent for disposition as follows:
 - Deliver to _____ cemetery which with arrangements have already been made.
 - Deliver or release to _____ Relationship _____
Address _____
 - Other _____

13. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including but not limited to jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes will be destroyed in the cremation process or otherwise disposed of by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given;

Items to be delivered to Authorizing Agent: _____

14. AUTHORIZATION TO RECYCLE METAL FROM PROSTHETIC DEVICES AND IMPLANTS (Please see Section #14 on reverse side of this form)

- **INITIALS** _____ Recycle any metal that is eligible for recycling and dispose of the remaining metal with the remainder of non-combustible material.
OR
- **INITIALS** _____ Do NOT recycle the metal. Instead, dispose of it with the remainder of the non-combustible material.

15. VISITATION AND FUNERAL CEREMONIES

Prior to the cremation of the Decedent's remains the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below

Date(s): _____ Time(s): _____ Place of Ceremonies: _____

16. TIME OF CREMATION

As indicated in the completed Non-provisional Death Certificate, the cremation of the Decedent's remains cannot take place until 24 hours have elapsed from the time of death. If the remains are not embalmed and if the cremation is not to occur within eight hours of the delivery of the remains to the Crematory, the Crematory will place the remains in its refrigerated facility for which there will be a daily charge.

Decedent's remains. are to be embalmed. **OR** are not to be embalmed.

Please initial one of the following statements:

- **INITIALS** _____ The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits without any further notifications to the Authorizing Agent.
OR
- **INITIALS** _____ The Crematory is to use its best efforts to schedule the cremation (based upon the date of witnessing – if applicable) and schedule the cremation for the date and time as set forth as follows: Date: _____ Time: _____
OR
- **INITIALS** _____ If the cremated remains are to be present for a service or ceremony, the crematory will use its best efforts to have available the cremated remains to the funeral home by the date and time set forth as follows: Date: _____ Time: _____

17. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this Authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. 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.

Executed at _____, this _____ day of _____, year _____

Signature of Authorizing Agent: _____

Witness: _____

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

The Funeral Home certifies that the remains being transferred to the custody of the Crematory have been previously identified in accordance with the requirements of Section 4717.24(B) of the Ohio Revised Code.

Date: _____ Licensed Funeral Director's Signature: _____