



BRICKMAN BROS.

FUNERAL HOME

37433 Euclid Ave. Willoughby, Ohio 44094 440-951-7800 Fax - 440-951-7804

WAIVER OF RIGHT OF DISPOSITION

1. **PARTIES:**

“FUNERAL HOME”:
_____ (Name of Funeral Home)

“REPRESENTATIVE”:
_____ (Name of Representative) (Next of Kin)

“REPRESENTATIVE”:
_____ (Name of Representative) (Next of Kin)

“REPRESENTATIVE”:
_____ (Name of Representative) (Next of Kin)

“DECEDENT”:
_____ (Name of Decedent)

“DATE OF DEATH OF DECEDENT”:

“PLACE OF DEATH OF DECEDENT”:

“AGENT”:
_____ (Person(s) to handle disposition)

2. **RELATIONSHIP OF REPRESENTATIVE(S):** The REPRESENTATIVE(S) warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE(S) and the DECEDENT is as follows: (Check the appropriate box).

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.
- Other: _____

3. **AUTHORITY OF REPRESENTATIVE(S):** The REPRESENTATIVE(S) warrants and represents to FUNERAL HOME that the REPRESENTATIVE(S) is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE(S).

4. **WAIVER OF DISPOSITION:** The REPRESENTATIVE(S) waives and relinquishes the right to make and/or approve all arrangements concerning the disposition of the DECEDENT, including but not limited to funeral arrangements and the method of disposition. This waiver includes the relinquishment by REPRESENTATIVE(S) of any and all rights to seek the recovery, possession, relocation or disinterment of the DECEDENT's remains, including cremated remains.
5. **APPOINTMENT OF AGENT:** The REPRESENTATIVE(S) hereby appoints the AGENT to arrange and direct the disposition of the remains of the DECEDENT, granting and relinquishing to said AGENT all of the powers and authority that the REPRESENTATIVE has including expenses for the disposition.
6. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this waiver of right of disposition or the FUNERAL HOME's reliance thereon.
7. **SIGNATURE OF REPRESENTATIVE(S):**

Signature _____ Date _____

Printed Name _____

Witness _____ Date _____

Printed Name _____

Witness _____ Date _____

Printed Name _____

Signature of Notary Public _____