## **CREMATION AUTHORIZATION**

Name, Address and Telephone Number of Fundamer, Address and Sworn before me this		License Number		
		License Number		
Signature of Funeral Home Representative	Print Name	License Number		
Address		Telephone Number	Telephone Number	
Signature of Authorizing Agent	Print Name	Relationship	Date	
Address		Telephone Number		
Signature of Authorizing Agent	Print Name	Relationship	Date	
an it is hereby represented that such device follows:  Funeral Home is hereby authorized to remore Because of the possibility of damage to the gloss furnishings, casket lids or any other. The undersigned hereby indemnify and releand all mis-identity of the deceased and the The Funeral Home warrants that the humberein.	ove and dispose of such develore retort the Crematory reservations on the outside of cask ease the Crematory, Funeral presence of pacemakers or	ices or materials prior to crem yes the right to remove and des ets used for cremation.  Home and their employees an other materials or implants.	stroy all handles, and agents from any	
( ) Release to ( ) Ship to ( ) Other It is understood that unless arrangements had Crematory may after 30 days, return the creat the expense of the authorizing agent, disp. The undersigned represents that the death of Department of Public Health to be infection if any:  It is understood that cremation can not take	ave been made for the final emated remains to the authorous of the cremated remain of the decedent did/did not ous, contagious, communicate e place if a pacemaker or other contagions.	orizing agent, or if not possible as in a manner permitted by late occur as a result of disease decode or dangerous to public heal after material or implant is presented.	e, may after 60 days, w. lared by the Illinois th. Type of disease	
The final disposition of the cremated remai				
The undersigned have/have not made arran so, such date of viewing or service is on In the case of no viewing or service, crema The following items of value, if any shall be	tion shall take place upon re	to be folleceipt of the remains by the cre	owed by cremation. ematory.	
The undersigned authorizes of the remains of the deceased and further a MORGAN CREMATION SERVICES a crematory to cremate said remains.	authorizes said Funeral Hon	ne to handle, possess and arrar		
superior right, all reasonable efforts have be reason to believe such person would object	een made without success to to cremation.	o locate them and that the under		
aware of any living person who has superior	processing and disposition	of the deceased's remains and	I that I/we are not	
and certify the identity of the remains of the away at			ve have the legal	