CREMATION AUTHORIZATION

The undersigned authorizing agent(s				
away atM. on authorize the cremation, handling, p	of the deceased	I / wa hara	hy aanti Grithat I / wa l	wno passed
away atM. on		. 17 we here	by certify that I / we I	lave the legal rights to
authorize the cremation, nanding, p	rocessing and disposition	of the deceased s	is another person who	e are not aware of any
living person who has superior righ				
reasonable efforts have been made		them and that the	e undersigned has no	reason to believe such
person would object to the cremation		F	17 . 10 1	COOK STANDARDS
The undersigned authorizes of the remains of the deceased and fu	arther authorizes said Func		tle, possess and arrange and disposition	
Authorization is further given to the a	harra aramatam, ta aramata		and disposition	or such remains.
The undersigned have / have not mad	to assume the Constitution	said icinains.	andusted prior to the	a anomation and if as
tiening or service gramation shall to	la nlass upon possint of th	a samaine by the	perionowed by crema	non. In the case of no
viewing or service, cremation shall ta The following items of value, if any				sed of as follows:
The final disposition of the cremated	remains shall be: () Rele	ease to () Ship	to () Other	
It is understood that unless arrangem may after 30 days, return the cremated the authorizing agent, dispose of the c The undersigned represents that the c Illinois Department of Public Health disease if any: It is understood that cremation cannot is hereby represented that such devices Funeral Establishment is hereby aut (initial) Because of the possibility of damage is furnishings, casket lids or any other ite The undersigned hereby indemnify and and all liability and damages in connec	remains to the authorizing remated remains in a manufeath of the decedent did to be infectious, contagious take place if a pacemaker sor materials exists they authorized to remove and did to the retort the Crematory, runs on the outside of casked release the Crematory, Fuction with this authorization	agent, or if not poner permitted by land did not occur as us, communicable or other material are described as for ispose of such dispose of su	ossible, may after 60 daw. a result of a disease de or dangerous to public or implant is present in or implant is present in or implant is present in the or implant is present in the or implant and destration. In the oremove and destration. In the oremove and destration is and their employees aken hereunder and speaken hereunder and speaken hereunder and speaken in the oremove and speaken hereunder and speaken he	leclared by the lic health. Type of n the deceased and it rior to cremation. oy all handles, gloss and agents from any ecifically with
respect to the mis-identity of the decease				
The Funeral Establishment warran				
dentified herein.				
Statistics actions				
Signature of Authorizing Agent	Print Name	Relationship		Date
Address		Telephone Num	ber	
ignature of Authorizing Agent	Print Name		Relationship	Date
ddress			Telephone Number	
gnature of Funeral Home Representative	Print Name		License Number	
ame, Address and Telephone Number of F	uneral Home			
OTARY:				
ubscribed and Sworn before me this	day of	. 20		
	My Commission I-voire	•		

CREMATION AUTHORIZATION

The undersigned authorizing agent(s) h				
certify the identity of the remains of	ine deceased	Lima	hamber and Graber I / 1	who passe
away atM. on authorize the cremation, handling, prod	ina and disma	. 1/ we	nereby certify that I / we ha	ive the legal rights to
authorize the cremation, handling, pro-	cessing and dispo	sharing agent 16 th	sed's remains and that I / we	are not aware of an
living person who has superior right t	o serve as an aut	inorizing agent ii ti	nere is another person who i	has superior right, al
reasonable efforts have been made wi	thout success to	locate them and th	at the undersigned has no re	eason to believe suc
person would object to the cremation. The undersigned authorizes Cardinal	Funeral & Cr	emation Srys I	tdr	Clarata and concean
of the remains of the deceased and furt	her authorizes sa	id Funeral Home to	handle, possess and arrange and disposition of	for cremation at
Authorization is further given to the abo	ve crematory to	remate said remains		or such remains.
The undersigned have / have not made				cremation and if so
such date of viewing or service is			to be followed by cremati	
viewing or service, cremation shall take	place upon recei	ipt of the remains by	y the crematory.	
The following items of value, if any,				ed of as follows:
The final disposition of the cremated re	mains shall be: () Release to ()	Ship to () Other	
It is understood that unless arrangeme	nts have been ma	ade for the final dis	position of the cremated ren	nains, the Cremator
may after 30 days, return the cremated r				
the authorizing agent, dispose of the cre				y o, an and empende of
The undersigned represents that the de				eclared by the
Illinois Department of Public Health to				
disease if any:				
It is understood that cremation cannot t	ake place if a pac	emaker or other ma	aterial or implant is present in	n the deceased and it
is hereby represented that such devices				
(initial) Because of the possibility of damage to furnishings, casket lids or any other iter. The undersigned hereby indemnify and and all liability and damages in connect respect to the mis-identity of the deceas. The Funeral Establishment warranged identified herein.	ns on the outside release the Crema ion with this auth ed and the presen	of caskets used for atory, Funeral Estab corization and all ac ace of pacemakers of	cremation. lishment and their employees tions taken hereunder and spor or other materials or implants.	and agents from any ecifically with
Signature of Authorizing Agent	Print Name	Relationsl	hip	Date
Address		Telephor	ne Number	
Signature of Authorizing Agent	Pr	int Name	Relationship	Date
Address			Telephone Number	er
Signature of Funeral Home Representative	Pr			
Cardinal Euparal & Cramation		int Name	License Number	
Cardinal Funeral & Cremation			License Number Ave Elgin IL 60123. 77	73-558-7175
Name, Address and Telephone Number of	Srvs.,Ltd			73-558-7175
Name, Address and Telephone Number of	Srvs.,Ltd			73-558-7175
	Srvs.,Ltd			73-558-7175