



WOODSIDE CEMETERY AND ARBORETUM
1401 S. Woodside Boulevard
Middletown, OH 45044

Phone: 513-422-3291
Fax: 513-422-7262

CREMATION AND DISPOSITION AUTHORIZATION FORM

The State of Ohio requires that this Authorization form be completed and signed prior to the cremation. Since cremation is an irreversible process, please read this form and information carefully, and make sure you ask us any questions and understand the process completely before signing. This Authorization is not a contract for cremation or disposition services. A separate contract or contracts will be required to purchase the services of the Funeral Home, Crematory and/or Cemetery.

Name of Person to be Cremated (Decedent) _____ Sex _____ Date of Death _____ Age _____

Time of Death _____ Place of Death _____ Social Security# _____ Date of Birth _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

1. _____ (INITIALS) The Authorizing Agent or personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.

OR

2. _____ (INITIALS) The Authorizing Agent or personal representative of the Authorizing Agent has authorized the Funeral Home to photograph or create an image of the remains and the Authorizing Agent or personal representative has positively identified the photograph or image as that of the Decedent.

OR

3. _____ (INITIALS) The Authorizing Agent or personal representative of the Authorizing Agent has identified the Decedent's remains by identifying on the remains or by photograph the following:
☐ Scar; ☐ Tattoo; ☐ Other: _____

OR

4. _____ (INITIALS) The Decedent's remains were identified by the Coroner.

Name of Authorizing Agent: _____ Telephone No. (_____) _____

Address of Authorizing Agent: _____

The Authorizing Agent certifies the relationship between the Authorizing Agent and the Decedent by checking ONE of the following options:

- _____ The representative appointed by the decedent to have the right of disposition after October 12, 2006.
- _____ Surviving Spouse of Decedent at time of death.
- _____ The person designated by Decedent in an Antemortem Authorization Form to arrange the cremation.
- _____ The Executor or Administrator of Decedent's estate who has written instructions by Decedent authorizing this cremation.
- _____ An adult child of Decedent. If Decedent had more than one surviving child, the Authorizing Agent certifies that all of Decedent's other adult children have been notified of Decedent's death and plans to cremate Decedent, and none has expressed an objection to the cremation.
- _____ A parent, guardian or custodian of Decedent. If the other parent of Decedent is alive, the Authorizing Agent certifies the other parent has been notified of Decedent's death and of the plans to cremate the Decedent's remains, and has not expressed an objection to the cremation.
- _____ A person in the next degree of kinship to Decedent after those listed above as spelled out in Section 2105.06 of the Revised code.
Kinship relationship is: _____
- _____ The Decedent's surviving grandchild or grandchildren.
- _____ A public officer or employee of Ohio or political subdivision of Ohio, which is responsible for the final disposition of Decedent's remains.
- _____ A representative of a care facility which has been designated in an Antemortem Cremation Authorization as the institution to make arrangements for the final disposition of Decedent's remains.
- _____ In the absence of any individual listed above, an individual willing to assume the responsibility of serving as the Authorizing Agent.
- _____ If the final disposition of the Decedent's remains are the responsibility of the state or a political subdivision of the state, the public officer or employee responsible for arranging the final disposition of the remains.

As Authorizing Agent, I certify that I have the right to authorize the cremation of Decedent's remains by initialing ONE of the following statements:

_____ I understand that any living person who meets the qualifications of any line above the one I checked would have a right to act as Authorizing Agent. I do not have knowledge of the existence of any living person who has a superior right to act as the Authorizing Agent.

_____ As Authorizing Agent, I am aware of a living person or persons who has a superior priority right to act as Authorizing Agent. I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with superior priority right would object to the cremation of the Decedent.

Pacemakers, defibrillators, radioactive, silicone or other implants, mechanical devices or prostheses (collectively, "Devices") may create a hazardous condition when placed in the cremation chamber and subjected to heat. In addition, the Crematory may not cremate the remains of the Decedent if Decedent was previously treated with Strontium-89 (Mesatron), a radioactive material, since the entire vicinity may be contaminated by radiation.

_____ I certify that the Decedent was not treated with Strontium-89 (Mesatron)

Please initial ONE of the following statements:

_____ The remains of the Decedent do not contain any Devices.

_____ I instruct the Funeral Home to remove each Device listed below and to charge for its services in making or arranging for such removal.

List of Devices: _____

Prior to the cremation of the Decedent's remains, there will be a visitation and/or funeral ceremony as set forth below:

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

The remains of the Decedent must be placed in a combustible casket or alternative container that is completely closed and rigid for the cremation. The remains will not be removed from this container, and it will be consumed during the cremation process. A description of the cremation process is on the back of this form. The remains of not more than one Decedent will be simultaneously cremated in the same cremation chamber. By initialing below, I certify that I have read and understood the information regarding the container and description of the cremation process as set forth on the back of this form _____.

To the extent permitted by the Crematory, I authorize the people listed below (and the crematory personnel) to be present during the cremation.

After the cremated remains have been processed, all of the cremation residue that is practically recoverable will be placed in a temporary container provided by the Crematory, or urn as checked: _____ Temporary container OR _____ Urn
Description of Urn: _____

Following cremation, the Authorizing Agent directs the crematory to arrange for final disposition, by checking choice of disposition below:

_____ Deliver to Funeral Home or picked up by Funeral Home within _____ days.

_____ Entomb/inter/scatter in Woodside Cemetery and Arboretum per instructions below:

Instructions (including Location): _____

_____ Deliver or ship cremated remains to name and address below:

Name: _____ Address: _____

_____ (Initial), I appoint Woodside as my agent to make shipment of said remains via U.S. postage. I am aware that Woodside's services have been completed when the remains leave Woodside. I agree to assume all liability for damages that may arise from shipping or delivery.

Understanding that anything put with the remains into the cremation chamber cannot and will not be returned with the cremated remains, following are the instructions for any personal property and effects: _____

I authorize Woodside Cemetery and Arboretum to proceed with the cremation any time after the body is received, providing the minimum waiting period has elapsed (unless other arrangements have been made). As Authorizing Agent, I acknowledge that the Funeral Home and Crematory are relying upon my representations. I certify that all information given here is true and accurate, and agree to hold harmless Woodside Cemetery and Arboretum and the Funeral Home from any claim arising from the reliance on the information contained herein. I hereby certify that I am authorized to act as agent and authorize the cremation and disposition of the Decedent named above.

Printed Name of Authorizing Agent: _____ Relationship: _____

Signature of Authorizing Agent: _____ Date: _____

Signature and printed name of witness: _____

Funeral Home in Charge: _____

Name and Signature of Funeral Director obtaining permit: _____