

ILLINOIS AUTHORIZATION FOR CREMATION AND DISPOSITION

Cremator # _____

Decedent Name _____

Date of Birth _____ Date of Death _____ LAST, First Middle
Time of Death _____ Case ID# _____ Metal ID Disc# _____

Funeral Home Loc. # - Name _____

Funeral Home Street Address, City, State and Zip Code

The undersigned confirm that I/we have the full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the Decedent or, if a person with a superior priority right exists, I/we have made all reasonable efforts to contact such person and have been unable to do so, but have no reason to believe that the person would object to the cremation of the decedent. I/We authorize the Funeral Home to make arrangements for the cremation of the Decedent at

Crematory Name, Street Address, City, State, Zip Code and Telephone Number

and I/we give the Crematory the authority to cremate the Decedent in _____

Description of cremation container selected

I/we certify that the Decedent _____ **Does** _____ **Does Not** contain any type of implanted mechanical or radioactive device.

Listed below are all implanted mechanical and radioactive devices implanted in the Decedent. I/We hereby authorize the Funeral Home to remove and dispose of such device(s) as detailed below. If no instruction for disposition is given, such items will be disposed of at the discretion of the Funeral Home.

Description of Implanted Device

Disposition

I/We authorize the Crematory to return the cremated remains to the Funeral Home. I/We understand that the Crematory's services and obligations shall be fulfilled upon return of the cremated remains to the Funeral Home.

The Decedent's death _____ **Did** _____ **Did Not** occur as a result of a disease declared by the Illinois Department of Health to be infectious, contagious, communicable, or dangerous to the public health.

I/We _____ **Have** _____ **Have Not** made arrangements for a viewing or service with the Decedent present prior to cremation.

Date and Time of viewing or Service: _____

If I/we have not arranged for a viewing or service, the Funeral Home and Crematory are authorized to proceed with the cremation upon receipt of the Decedent.

I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains as follows. If additional room is needed to record multiple divisions of the cremated remains, complete and attach the Authorization for Division of Decedent Ashes form.

Urn or minimum acceptable container(s) selected: _____

• Special handling: _____

• Deliver to: _____

Name and Address of Cemetery

• Release to the following individual(s): _____

Name of Designated Individuals to Receive the Cremated Remains

• Scattering at Sea: _____

Name of Funeral Home or Funeral Home's Agent

• Ship in suitable container via **U.S Priority Mail Express*** to:

Name and Address _____

• Other: _____

*The Funeral Home and Crematory are not responsible for any loss or damage of the cremated remains shipped via Priority Mail Express with the United States Postal Service. I/We agree to release and hold Funeral Home and Crematory harmless from any and all claims related to such shipping.

In the event the disposition of the cremated remains is not carried out as instructed for a period of 30 days after the cremated remains are available, the Funeral Home shall give written notice by Certified Mail to me/us. I/We agree that in the event the cremated remains remain unclaimed for a period of 30 days after the date such written notification is mailed, the Funeral Home is authorized and directed to mail the cremated remains via U.S. Priority Mail Express* to:

Printed Name of Individual to Receive Cremated Remains _____

Street Address City, State, Zip Code

Telephone Number

The undersigned hereby agrees to bear the costs of such shipping and further agrees to release, indemnify and hold the Funeral Home harmless against any and all liabilities, claims, damages or expenses in the event that the cremated remains and/or their container are damaged or lost during such shipping. In the event that the cremated remains are rejected or the postal service is otherwise unable to accomplish delivery, the Funeral Home is hereby authorized to dispose of those cremated remains in any lawful manner.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained on all pages of this document.

Printed Name _____

Signature _____

Street Address _____

Date _____ Relationship to Decedent _____

City, State, Zip Code _____

Telephone Number _____

The undersigned funeral director certifies that the human remains delivered to the Crematory are the remains of the Decedent identified on this Authorization.

Funeral Director Print Name _____

Funeral Director Signature _____ Date _____

***Additional Authorized Representatives may sign on the last page of this document.

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Cremator # _____

I/We agree that the cremation, processing and disposition of the Decedent shall be subject to the following terms and conditions:

1. The Crematory requires the Decedent be placed in a combustible, leak resistant, rigid cremation container. In the event the Decedent is received in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, the Decedent will be placed in a combustible cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. The Funeral Home or Crematory may dispose of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the Decedent, such as traditional pacemakers, may create a hazard when placed in the cremator. The Crematory will not knowingly cremate any human remains which contain any type of implanted mechanical or radioactive device that could cause harm to the Crematory or its employees. In the event the Decedent has such a device, I/we authorize the Funeral Home, its agents and associates, to remove the device prior to cremation and dispose of such items at its discretion or as indicated above.
3. Leadless pacemakers are mechanical or radioactive devices implanted intravenously and cannot be removed or retrieved by the Funeral Home or Crematory prior to cremation of the Decedent. These devices can be cremated. In such an instance, the cremation process will cause irreparable damage to the device rendering it unusable and irretrievable.
4. The following items of value are to be delivered to the Crematory and handled as follows: _____.
These items are directed to be: **cremated with the Decedent**; or **handled in accordance with the instructions for the disposition of the cremated remains**. I/We acknowledge that neither the Funeral Home nor the Crematory is responsible for removing any item of value (such as jewelry) from the remains prior to the cremation process, and I/We agree to hold harmless Funeral Home and Crematory from any liability for the destruction or loss of any such item.
5. Following cremation, the cremated remains, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
6. In the event the urn or container is insufficient to accommodate all of the cremated remains, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
7. Even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremator and/or other devices utilized to process the cremated remains. The Crematory will dispose of any such residual particles in any lawful manner it deems appropriate.
8. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains, as authorized herein, or my/our failure to correctly identify the remains of the Decedent, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
9. Except as set forth in this Authorization, by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees make no expressed or implied warranties.

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ADDITIONAL AUTHORIZED REPRESENTATIVES

Name of Decedent - LAST, First Middle

Date of Birth

Date of Death

Case ID#

I/We warrant that I/we have read and reviewed all previous pages of the Cremation for Authorization and Disposition, that all representations and statements made herein are true and correct, that I/we have read and understand the provisions and disclosures contained on the previous pages of this document, and hereby authorize the above named Funeral Home to make disposition of the Decedent as indicated above.

Printed Name of Authorized Representative Authorized Representative Signature Date Relationship to Decedent

Address City State Zip Code Telephone Number

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