

Anatomical Gift Association of Illinois

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AUTHORITY TO CREMATE – HOLD HARMLESS – DISPOSITION OF ASHES

The undersigned hereby authorizes the Anatomical Gift Association of Illinois (AGA) and its agents to receive, prepare, preserve, distribute and cremate the remains

of: _____
Donor

I certify I have the legal right to make such an authorization. I understand that the next-of-kin, executor or other responsible individual must arrange to have the unembalmed remains transferred to the AGA by a licensed funeral director at his, her, its or the estate's expense. I also understand that the AGA reserves the right to decline the gift if, in its opinion, the gift is not suitable for donation for any reason. In the event of refusal of remains, I understand that the next-of-kin, executor or other responsible individual assumes responsibility for making alternative arrangements.

DISPOSITION OF CREMATED REMAINS: The AGA will return cremated remains to next of-kin or other party, if desired, free of additional cost. If the cremated remains are requested to be sent to a funeral home, arrangements must be made separately with the funeral home. Please choose one option below to indicate the desired final disposition of cremated remains:

- ☐ Ashes need **NOT** be returned. The final resting place of ashes shall be determined and respectfully undertaken by the AGA, at the expense of the AGA, in accordance with the laws of the State of Illinois. This includes Perpetual Donation.
- ☐ Ashes should be returned to the individual/entity set forth immediately below, prepaid by the AGA, via U.S. Mail. I am aware that ashes may not be returned for two years or more.

Name of Recipient of Ashes

Street Address

City, State, Zip Code

Phone Number

I understand that the AGA has no obligation to return any pacemaker, radiation producing device, or implants, including without limitation, any prosthetics or prosthetic devices. I agree to hold AGA and its agents or assigns harmless from liability, claim or cause of action concerning said authorization, cremation, shipment, personal possessions and disposition of remains, or arising out of any decision indicated by this authorization which may result in mental or physical distress or anguish or harm or financial loss to myself or to others, including the act of identification or failure to identify the body. I acknowledge that in reviewing and signing this document I have had the opportunity to review it with an attorney of my choice, a family member or other person of trust. If not signing as Donor, I hereby represent that am legally authorized and charged with the responsibility for disposition of the Donor's remains after cremation.

SIGNATURE Donor/Next-of-Kin / Executor/Responsible Individual

Name - Please Print

Address

City, State, ZIP Code

Phone Number

Relationship

Date

October 9, 2015