LAKE ERIE
CREMATION & FUNERAL SERVICES
PROVIDING FAMILIES THE MOST AFFORDABLE OPTION IN FUNERAL SERVICE WHERE VALUE AND CARE ARE NEVER COMPROMISED

Vital Statistics Information for the Death Certificate

Name of Decedent: _____

Sex: ❑ M or ❑ F

Date of Death: _____ Time of Death: _____

Social Security Number: _____

Age: _____

Date of Birth: _____ **Place of Birth:** _____

Veteran: ❑ Yes or ❑ No

Place of Death: ❑ Hospital ❑ ER/Outpatient ❑ DOA ❑ Nursing Home ❑ Home

Facility Name: _____

City, Location of Death: _____

Signing Doctor: _____

County of Death: _____

Marital Status: _____

Surviving Spouse: _____ If wife give Maiden Name: _____

Residence: State: _____ County: _____

City: _____ Street Name: _____

Inside City Limits: ❑ Yes or ❑ No Zip Code: _____

Is Decedent of Hispanic Origin: ❑ Yes or ❑ No

Race: _____

Highest Level of Education Completed: 0-12: _____ College (1-4, 5+) _____

Name of Decedent's Father: _____

Name of Decedent's Mother (Including Maiden Name): _____

Name of Informant (Person giving this information): _____

Mailing Address of Informant: _____

Relationship of Informant to Decedent: _____

Method of Disposition: ❑ Burial ❑ Cremation ❑ Removal from State ❑ Other

Place of Disposition: _____

Location (City, State): _____

Date of Disposition: _____

Informant Email Address: _____

Informant Phone Number: ( ) _____

1500 Harpersfield Rd.
Geneva, OH 44041

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29801 Lakeland Blvd.
Wickliffe, OH 44092

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AUTHORIZATION FOR CREMATION AND DISPOSITION

The State of Ohio requires that this Authorization Form be completed and signed prior to cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 9 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization form, so we will be pleased to answer any questions about the cremation process or the other information in this Form.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

(Print all information except signatures)

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____

Date of Death: _____ Time: _____ Place of Death: _____

Sex: _____ Age: _____ Date of Birth: _____ Social Security: _____

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

_____ (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

_____ (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

_____ (Initials) The Authorizing Agent or personal representative of the Authorizing Agent has identified the Decedents remains by identifying on the remains:

☐ Scar ☐ Tattoo ☐ Other _____

OR

_____ (Initials) The Decedents remains were identified by the Coroner.

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization Form.

Name of Funeral Home: Lake Erie Cremation & Funeral Services

Address: 1500 Harpersfield Road, Geneva, OH 44041

Crematory: Lake Erie Cremation & Funeral Services Address: 1500 Harpersfield Road, Geneva, OH 44041

Name of Funeral Director who will obtain the Burial Permit or Burial Transit Permit authorizing cremation of the Decedent:

_____

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____

Address: _____ Telephone No. ( ) _____

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows:

(a) ☐ The representative appointed by the Decedent to have the right of disposition.

(b) ☐ The Decedent's surviving spouse.

(c) ☐ The Decedent's surviving child or children

(d) ☐ The Decedent's surviving parent or parents

(e) ☐ The Decedent's surviving sibling or siblings

(f) ☐ The Decedent's surviving grandparent or grandparents

(g) ☐ The Decedent's surviving grandchild or grand children

(h) ☐ The lineal decedents of the Decedent's grandparents as spelled out in Section 2105.06 of the revised code.

(i) ☐ The Decedent's personal guardian at the time of death.

(j) ☐ Any person willing to assume the right of disposition, including the personal representative of the estate or the licensed funeral director with custody of the body, after attesting in writing in good faith that they cannot locate any of the persons in the above priority list.

(k) ☐ If the final disposition of the Decedent's remains are the responsibility of the state or political subdivision of the state, the public officer or employee responsible for arranging the final disposition of the remains.

4. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

_____ (Initials) As Authorizing Agent, I have filled in Section 3 above. I understand that any living person who meets the qualifications of any level above or equal to the one I filled in would have a superior or equal right to act as the Authorizing Agent. I do not have actual knowledge of the existence of any living person who has a superior or equal right to act as the Authorizing Agent.

OR

_____ (Initials) As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person or persons who have 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 the superior priority right would object to the cremation of the Decedent.

OR

_____ (Initials) As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person or persons who have an equal priority right to act as Authorizing Agent. Of the persons with equal priority rights that I was able to contact, after using reasonable efforts to do so, I certify that a majority of them agree to cremation of the Decedent's remains.

5. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed all the devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

Description of Devices: _____

Please initial one of the following statements:

_____ (Initials) The remains of the Decedent do not contain any of the Devices described in #5.

OR

_____ (Initials) As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above and understand there is a charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home Is to dispose of all such Devices.

☐ The Devices listed are to be removed and returned to the Authorizing Agent: _____

6. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the crematory, in it's discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process. Lake Erie Cremation & Funeral Services will not accept any cremation containers comprised of metal, fiberglass or solid hardwood.

Casket or Alternative Container Selected: _____

7. MULTIPLE CREMATIONS

Under Ohio law, the remains of more than one decedent may not be simultaneously cremated in the same cremation chamber unless the decedents to be cremated were related or were, any time during the one-year preceding their deaths cohabiting. Unless authorized below, the Decedent's remains shall be individually cremated. If you desire a multiple cremation, initial below.

_____ (Initials) As Authorizing agent, I authorize the simultaneous cremation of the remains of the Decedent with the decedent named below. I certify that this multiple cremation meets the legal requirements set forth above.

Name of other Decedent: _____

8. WITNESSES

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present at the cremation room prior to and during the cremation of the Decedent's remains. If you desire to witness you must initial below.

_____ (Initials) No witnesses. ***OR***

_____ (Initials) List of witnesses. _____

9. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually unless noted otherwise in Section 7 above. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non- combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

10. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

_____ (Initials) As Authorizing Agent, I have read and understand the description of the cremation process contained in #9 above and authorize the cremation, processing, and pulverization of the remains of the Decedent. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

11. URN OR TEMPORARY CONTAINER USE

After the cremated remains have been processed, they will be placed in the urn listed below or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instructions set forth in Section 12 below, provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in #11.

☐ Urn selected by Authorizing Agent. Description of urn: _____

☐ Standard temporary shipping container provided by the Crematory.

12. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth below to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Funeral Home utilize overnight express with a return receipt or a shipping service that uses an internal system for tracking the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory and/or the Funeral Home shall hold the cremated remains for thirty (30) days after cremation. If during that (30) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory or Funeral Home may return the cremated remains to the Authorizing Agent at the address listed in Section #3.

In the alternative, if no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Funeral Home immediately upon receipt of an invoice.

_____ (Initials) The crematory shall deliver the cremated remains of the Decedent to the Funeral Home office.

☐ Deliver to _____ cemetery in which arrangements have already been made.

☐ Release to: _____

→ ☐ 1. SHIP TO: _____
(Name of Individual to receive the Cremated Remains) Mailing Address City ST/Zip

I/We, the Authorizing Agent(s), authorize Lake Erie Cremation & Funeral Services, LLC to arrange the delivery of cremated remains vis USPS with Registered Return Receipt. I/We acknowledge that there is always a risk that the cremated remains and/or urn could be lost, misplaced, mis-shipped, delayed, damaged or destroyed in shipment. As the Authorizing Agent(s), **WE AGREE TO INDEMNIFY AND HOLD HARMLESS LAKE ERIE CREMATION & FUNERAL SERVICES, LLC FROM ANY CLAIMS OR CAUSES OF ACTION ARISING OR RELATED IN ANY RESPECT TO THIS DIRECTION TO SHIP THE CREMATED REMAIN OF THE DECEDENT.**

Authorizing Agent(s) Initials _____, _____ ←

13. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to the Authorizing Agent are given below.

Items to be delivered to the Authorizing Agent: _____

14. VISITATION AND FUNERAL CEREMONIES

Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below:

_____

_____

Date: _____ Time: _____ Place of Ceremonies: _____

15. TIME OF CREMATION

As indicated in the completed Non-Provisional Death Certificate, the cremation of the Decedent's remains cannot take place until 24 hours have elapsed from the time of death. If the remains are not embalmed and if the cremation is not to occur within eight (8) hours of the delivery of the remains to the Crematory, the Crematory will place the remains in a refrigerated facility for which there will be a daily charge (after 3 days).

Decedent's remains: ☐ are to be embalmed ☐ are NOT to be embalmed

_____ (Initials) The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without any further notification to the Authorizing Agent.

OR

_____ (Initials) The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date: _____ Time: _____

16. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and Crematory's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization.

Executed at _____ this _____ day of _____, 20_____

Signature of Authorizing Agent: _____

Signature of Witness: _____

CERTIFICATION BY FUNERAL HOME UPON TRANSFER OF DECEDENT'S REMAINS TO THE CREMATORY

The Funeral Home certifies that the remains being transferred to the custody of the Crematory have been previously identified in accordance with the requirements of Section 4717.24(B) of the Ohio Revised Code.

FUNERAL HOME

Date: _____ By: _____

1500 Harpersfield Rd.
Geneva, OH 44041

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