



# Chicagoland

## CREMATION OPTIONS

*Honoring their wishes. Respecting your needs.*

Please accept my condolences for the difficult time that you and your family are enduring. Our position at Chicagoland Cremation Options is to help a family through the arrangement and aftercare process in a dignified, affordable, and ethical manner.

**Cremation Authorization/Disposition Form** - This 2-page document explains the cremation process. Read the document carefully as you initial and sign where indicated.

- In the **Witness of Cremation Process and Identification** section at the bottom of p.1, if you are not going to see your loved one at our facility prior to cremation, you will select the first option. Please click [HERE](#) to refer to our General Price List for an explanation of the fees to ID and/or witness cremation at our facility.
- On page 2, under **Legally Authorized Persons**, select the number that correlates to the signor's relationship to the decedent. If the next of kin selects Power of Attorney, please check to make sure it includes Healthcare **and** Disposition. Forward the POA paperwork to us at [contact@chicagolandcremationoptions.com](mailto:contact@chicagolandcremationoptions.com).
- On page 2, under **Release of Cremains**, most families select: "Release to family/designated agent" and receive the cremated remains during an appointment at our facility. Please click [HERE](#) to refer to our General Price List for an explanation of the fees for delivery, shipping or scattering.
- Be sure to attach a copy of a valid ID. You can also text (773-631-0018) or email ([contact@chicagolandcremationoptions.com](mailto:contact@chicagolandcremationoptions.com)) a copy of your ID for our records.

Please let us know if you have any questions or concerns. We are available to you 24/7 and can be reached directly via phone, email or text.

Respectfully,

The Team at Chicagoland Cremation Options

**NEXT OF KIN HIERARCHY** - The next of kin is determined in the following order:

- Self, when pre-planning
- Power of Attorney for Healthcare with Disposition rights
- Spouse
- Adult sons or daughters
- Decedent's parents
- Adult brothers or sisters
- Grandchild
- Other blood relative
- Close friend