



# AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION



## THIS IS A LEGAL DOCUMENT

It Contains Important Provisions Concerning Cremation - Cremation is Irreversible and Final – Read This Document Carefully Before **Initialing and Signing.**

### **REQUIREMENTS FOR CREMATION**

Cremation Will Take Place **ONLY** after all the following conditions have been met:

1. Any scheduled viewings have been completed.
2. All necessary authorizations required by the family have been obtained, and no objections have been made.
3. 24 hours have transpired since the death occurred.
4. All civil and medical authorities have issued all required permits and authorizations.
5. Positive identification of the decedent has been accomplished by the next of kin or person who assumes responsibility for identification for next of kin.

### **THE CREMATION PROCESS (INITIAL BELOW)**

Cremations performed by Cremation Services Inc. and **Chicagoland Cremation Options** herein and hereafter referred to as The Company, are performed by placing an individual cremation container or prepared casket within the cremation chamber for the purpose of memorialization. The decedent is placed in the crematory chamber and through intense heat and flame (1400 to 1900 degrees Fahrenheit) the body and the container are reduced to basic components referred to as cremated remains. Upon completion of the calcine cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metals, and other non-human material. Following a cooling period the remains (consisting of bone fragments, metal, etc.) are then raked from the chamber. The cremated remains will be separated from most metals and other non-human material to which may be affixed bone particles or other human residue. These materials will be disposed of in a nonrecoverable manner unless otherwise specified. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated remains are then encased in the specified urn or temporary container. Cremation Services Inc. makes every reasonable and prudent effort to remove and recover all of the cremated remains from the cremation chamber, processing equipment and other subsequent tools or containers. It is impossible to remove or recover all cremated remains and some bone particles and other residue will remain on or within the equipment. It is further impossible to guarantee or warrant that some bone particles or other residue could not possibly be commingled with those of previously cremated remains. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

**I Have Read the Above Description Of The Cremation Process And I Have No Further Questions About My Decision To Proceed.**

### **CASKETS AND CONTAINERS**

Cremation Services Inc. **DOES NOT** Accept Metal or Fiberglass Caskets for Cremation;  
Cremation Services Inc. requires either a wood casket or alternative container for cremation is required.

**An alternative container must meet the following standards:** 1. Be resistant to leakage or spillage. 2. Be composed of readily combustible materials suitable for cremation. 3. Be able to be closed to provide complete covering of the deceased. 4. Be sufficient for handling with ease. 5. Be able to provide protection for the health and safety of The Company personnel.

### **RENTAL CASKET DISCLOSURE**

I/We have rented a casket from The Company for use during the period of funeral and/or viewing for the deceased for the arrangements which I/We have made. I/We have seen a picture of the type of casket used for rental and find it to be satisfactory for my/our needs. I/We hereby authorize The Company to use the insert container which I/We have selected for the final disposition of the body.

### **DISCLOSURES, WARRANTIES AND PERMISSIONS (INITIAL EACH)**

I/We Have Read And Understand The Company's normal practices for cremation and/or disposition.

I/We understand that if I/We wish to remove/retain any item from the remains, (i.e. dental gold) I/We must do so myself or by another Authorized Agent prior to the cremation process. **List Items**

I/We give full permission for the following:

- a. The incidental or inadvertent commingling of the cremated remains.
- b. The processing of the cremated remains and inadvertent commingling of the cremated remains.
- c. The disposal by Cremation Services Inc. of any metal or non-human material recovered to which any bone particles or other human residue may be affected.

**Yes No** The Authorizing Agent(s) represent(s) that the death of the deceased did not occur as a result of a disease declared by the Illinois Department of Public Health to be infectious, contagious, communicable or dangerous to the public health.

### **IMPLANTED DEVICES**

Mechanical devices, implants, prosthesis and certain nuclear medicine residues in the decedent may create a hazardous condition when subjected to intense heat. Cremation Services Inc. may not cremate human remains which contain certain implants if the decedent was previously treated with Strontium 89. I authorize The Company to remove and dispose/donate any pacemaker or other explodable implants prior to delivery remains to Cremation Services Inc.

### **WITNESS OF CREMATION PROCESS AND IDENTIFICATION (SIGN ONE)**

**Yes No** The undersigned has elected **NOT** to physically identify the remains and witness the initiation of the cremation process and grants The Company permission to proceed at their earliest convenience, upon receipt of all approvals.

**Authorizing Agent**

Yes No

I/We have identified the body that was delivered to The Company as the deceased \_\_\_\_\_ (Name of Deceased).

I/We authorize The Company to transport the deceased to CSI for cremation. I/We assume all liability for mistaken identification.

Authorizing Agent \_\_\_\_\_.

Yes No

The undersigned hereby requests to identify the deceased and witness the initiation of the cremation process at CSI, 9329 W. Byron St., Schiller Park, IL.

The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process and may result in a delay in scheduling the cremation process. (must complete CSI or Funeral Home witnessing form)

Authorizing Agent \_\_\_\_\_.

**LEGALLY AUTHORIZED PERSONS (INITIAL ONE)**

The undersigned understands that Illinois law requires Cremation Services Inc. to receive written authorization for cremation from a legally authorized person and certify that they qualify as such in the manner noted below.

- \_\_\_\_ Undersigned is myself: Additional form to be attached for Pre-Arrangement
- \_\_\_\_ Undersigned is an individual acting as the decedent's agent under a power of attorney for health care and disposition.
- \_\_\_\_ Undersigned is the decedent's surrogate decision maker identified by attending physician in accordance with the Health Care Surrogate Act [755 ILCS 40/1 et seq.].
- \_\_\_\_ Undersigned is the legal guardian of the decedent's person at the time of death.
- \_\_\_\_ Undersigned is the decedent's spouse.
- \_\_\_\_ Undersigned are any of the decedent's adult sons or daughters.
- \_\_\_\_ Undersigned is either of the decedent's parents.
- \_\_\_\_ Undersigned are any of the decedent's adult brothers or sisters.
- \_\_\_\_ Undersigned is any adult grandchild of the decedent.
- \_\_\_\_ Undersigned is a close friend of the decedent.
- \_\_\_\_ Undersigned is the guardian of the decedent's estate.
- \_\_\_\_ Undersigned is any other person authorized or under legal obligation to dispose of the body.

**AUTHORIZATION TO CREMATE (SIGN BELOW)**

The undersigned hereby requests and authorizes The Company, in accordance with and subject to its rules, regulations, and all state and local laws to cremate the remains of \_\_\_\_\_ who died at \_\_\_\_\_ (am, pm) on the \_\_\_\_\_ date of \_\_\_\_\_ 20 \_\_\_\_.

I/We certify and represent that we have the right to make such authorization and agree to indemnify and hold harmless CSI and The Company, its affiliates, officers, agents, employees, and assigns harmless from any and all loss, damages, claims, demands, liability or causes of action (including attorney fees and expenses of litigation) in connection with the cremation, processing and disposition of the cremated remains as authorized herein. I/We understand CSI and The Company will seek legal action towards the undersigned if there is any form of misrepresentation or fraud on my/our part while acting as the Authorizing Agents.

Signature (Authorizing Agent) _____	Date _____	Print Name _____	Relationship to Deceased _____
Signature (Authorizing Agent) _____	Date _____	Print Name _____	Relationship to Deceased _____
Signature (Authorizing Agent) _____	Date _____	Print Name _____	Relationship to Deceased _____
Signature (Authorizing Agent) _____	Date _____	Print Name _____	Relationship to Deceased _____

**RELEASE OF CREMAINS (INITIAL AND COMPLETE ONE)**

\_\_\_\_ I/We authorize the crematory to return the cremated remains of the decedent to the possession and custody of The Company. I/We understand that the services and obligations of the crematory shall be fulfilled when the cremated remains of the decedent are returned to the possession and custody of the Funeral Home/designated facility.

- \_\_\_\_ Deliver said cremated remains to \_\_\_\_\_
- \_\_\_\_ Scatter cremains in an unmarked grave. Location and time of burial to be chosen by CSI.
- \_\_\_\_ Release to family/designated agent to receive cremated remains: \_\_\_\_\_

Notary Stamp

ID TAG

Witness

Date

Funeral Director

Date