

**Northern Indiana Crematory Corp.
Lafayette, Indiana**

AUTHORIZATION FOR CREMATION AND DISPOSITION

Deceased _____ Date _____

CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS. It is important that you understand the cremation process before signing this form. We are happy to answer any questions about the cremation process or any other questions you may have.

This authorization is not a contract for cremation services. A separate contract will be required to purchase the services of the Funeral Home and Crematory.

1. DECEDENT INFORMATION

A. IDENTIFICATION

Name of Decedent: _____ Date of Death _____ Time _____

Place of Death: _____ Sex: M ___ F ___ Age: ___ DOB: _____

Initials The Authorizing Agent has viewed the remains and positively identified them as those of the decedent.

B. ARTIFICIAL DEVICES

Mechanical devices, prostheses, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any artificial devices implanted in or attached to the Decedent or identify if the Decedent was treated with any radioactive materials.

Description of devices: _____

Initials The remains of the Decedent do not contain any of the devices described OR

Initials As Authorizing Agent, I/We instruct the Funeral Home to remove or have removed, each device(s) listed above and charge for its services in making or arranging for such removal. The Funeral Home and or Crematory is to dispose of all such devices in any legal manner. The Crematory is prohibited from selling non-organic material recovered from the decedent. The funeral director is not liable for damages caused by a pacemaker or other implanted device that was not disclosed to the **funeral director**.

C. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory including jewelry, clothes, dental work, eyeglasses, etc., will be destroyed in the cremation process unless specific instructions for delivery are given below. If no specific instructions are given, I/We release the Funeral Home and Crematory from liability for these items.

Valuables were taken and being held by the Funeral Home: _____

☐ To be returned to Authorizing Agent ☐ To be placed in urn ☐ To be cremated with the decedent

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Funeral Home and *Northern Indiana Crematory Corp.* to cremate the Decedent and to carry out the other directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: _____ Funeral Director: _____

Address: _____

Northern Indiana Crematory Corp., Lafayette, Indiana

3. CREMATION CONTAINER AND URN

A. CREMATION CONTAINER

A casket is not required for cremation. However, Indiana law requires that the Decedent arrive at the Crematory in a rigid leak-proof container, either a casket or an alternative container. The Crematory may require a combustible cremation container. If the Crematory accepts a non-combustible container, the Crematory is authorized to destroy the container.

Type of Container Selected: _____

B. URN

An urn to hold the cremated remains may be purchased or provided by the Authorizing Agent but an urn is not required. If an urn is not purchased or provided, the cremated remains will be delivered in a rigid temporary container.

- ☐ Urn purchased by Authorizing Agent. Description: _____
- ☐ Urn provided by the Authorizing Agent. Description: _____
- ☐ Standard Temporary Container provided by Northern Indiana Crematory Corp.

Deceased _____

4. **WITNESSING SERVICE & TIMES**

A. **WITNESSING**

Northern Indiana Crematory Corp. allows witnessing of the cremation process. As Authorizing Agent IM/e allow the following to act as witnesses.

Initials Witness or Witnesses

B. **SERVICES**

Prior to the cremation of the Decedent's remains, a viewing and/or funeral ceremony was arranged as set forth below:

Date: _____ Time: _____ Place: _____

After the cremation of the Decedent's remains, a funeral service or burial is arranged as set forth below:

Date: _____ Time: _____ Place: _____

C. **TIME**

The cremation of the Decedent's remains cannot take place until all legal requirements have been fulfilled including a 48-hour waiting period mandated by Indiana law. Although embalming is not required by law, embalming or refrigeration may be required if the body must be held by the Funeral Home for an extended period of time prior to cremation. If the cremation is not to occur immediately upon delivery of the remains to the Crematory, the Crematory will place the remains in a holding facility for up to 48 hours.

Please initial one of the following:

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

OR

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

5. **AUTHORIZATION AND RELEASE OF LIABILITY**

A. **AGENT**

As Authorizing Agent, IM/e represent that I/We have the right to authorize the cremation of the Decedent under Indiana law and further warrant that:

- ☐ I/We are not aware of any persons who has a superior priority right to authorize cremation under Indiana law.
- ☐ I/We are aware that there is another person who has a superior priority right to authorize cremation under Indiana law, and that IM/e have made all reasonable efforts to contact the person(s), or they are unable or unwilling to authorize the cremation, and IM/e have no reason to believe that person would object to the cremation of the decedent.
- ☐ I/We understand the process of cremation and hereby authorize the cremation of the Decedent.
- ☐ I/We hereby attest to the truthfulness and accuracy of all representations contained on this cremation authorization.
- ☐ I/We agree to release, indemnify, and hold harmless, the Funeral Home and the Crematory, their officers, directors, agents, and employees, from any claim, liability, cost, or expense resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations, and agreements herein. The statements made are being relied upon by the Funeral Home and Crematory.
- ☐ I/We understand that I/We are personally liable for damages resulting from this authorization.
- ☐ I/We understand that we are responsible for the final disposition of the decedent's cremated remains.
- ☐ I/We have read and understand this document consisting of three pages, front and back.

Name of Authorizing Agent	Signature	Date	Relationship

Deceased _____

6. WITNESSING SERVICE & TIMES

If final disposition is not specified, cremated remains *may* be held by the crematory for not longer than 30 days from the date of cremation. After that time, they shall be returned to the Funeral Home which shall hold them for not longer than 60 days from the date of cremation before disposing of them as previously authorized. If there is no such authorization, and the Authorizing Agent fails to claim the remains during the 60-day period after written **notice by certified mail, return receipt requested, the Funeral Home may dispose of the cremated remains in any legal manner.**

_____ Initials	Cremated remains shall be sent by USPS to: _____ _____
_____ Initials	The cremated remains are to be: ☐ Held by Crematory ☐ Returned to Funeral Home and released to: Name: _____ Relationship: _____ Address: _____ Name: _____ Relationship: _____ Address: _____ Name: _____ Relationship: _____ Address: _____
_____ Initials	Transfer to Cemetery _____ For: ☐ Burial ☐ Niche Placement ☐ Scattering (Under separate authorization)
_____ Initials	Other Disposition (Describe): _____ _____

7. CERTIFICATION BY FUNERAL DIRECTOR

I am a funeral director licensed in the State of Indiana and am acting as an agent of the _____
Funeral Home.

I have obtained and witnessed the signature(s) of the Authorizing Agent(s) and have accepted them in good faith. I am not responsible for the representation made by the Authorizing Agent(s).

I certify that the human remains delivered to the crematory are the human remains identified to me as the Decedent by the Authorizing Agent(s).

I have obtained all necessary permits and authorizations for the cremation of the Decedent.

Signature of Funeral Director: _____ Indiana License Number: _____

Date: _____

8. RELEASE OF CREMATED REMAINS BY FUNERAL HOME

DO NOT SIGN UNTIL CREMATED REMAINS ARE RELEASED

Name of Decedent: _____

Date of release: _____ Time of release: _____

Signature of Funeral Home Representative: _____

Funeral Home: _____

Signature of Person Taking Custody: _____