Bohemian National Cemetery

5255 North Pulaski Road Chicago, IL 60630

(773)539-8442

Authorization for Cremation and Disposition

The undersigned authorizing agent hereby attest to the accuracy of the representation contained herein and represent and certify the identity of the remains of the deceased:

Name of Decedent	Date of Death	Time of Death	Place of Death	Gender	Age	Date of Birth
	/	/	/	/	/	/

I hereby certify that I have the legal right to authorize this cremation, handling, processing and disposition of the decedent's remains and that I am not aware of any living person who has a superior right. It is understood that any property delivered with the human remains to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, etc. will be destroyed during the cremation process. In addition, I waive the right to view and/or identify the deceased remains. It is understood that no person(s) has objected to this cremation. Any *personal/valuable items* the undersigned wishes to have removed prior to the cremation process, please identify below:

_____ _____

Date and Time of Service (If applicable):_____

The undersigned authorizes Bohemian National Cemetery to assume possession of the remains of the deceased and further authorized the assigned crematory to handle, possess and arrange for cremation and disposition of such remains. I authorize Bohemian National to remove any mechanical devices, artificial implants, pacemakers and any medical devices that may cause hazardous conditions during the cremation process. It is understood that while Bohemian National Cemetery makes every effort to maintain a single cremated remains policy that there may be collateral comingling of cremated remains present. Authorization is herby granted to cremate the remains.

The undersigned represent that the death did not occur as a result of a disease declared by the Illinois Department of Public Heath to be infectious, contagious, communicable or dangerous to public health. The undersigned hereby indemnify and release Bohemian National Cemetery, the assigned crematory, their affiliates, employees and agents from any liability and/or any damages in connection with this authorization.

It is understood that if the cremated remains are not picked up within 30 days there will be a monthly fee for storage of the cremated remains. If the cremated remains have not been picked up within 1 year, Bohemian National Cemetery has the authority to dispose of the cremated remains within the guidelines and laws of the State of Illinois.

Disposition of Cremains (please chose one):

□Release to: □Ship to: □ Crypt/Niche or Burial (include cemetery name): □ Other:_____

Signature of Authorizing Agent	Printed Name	Relationship

Address	Telephone Number

Signature of Funeral Home Representative	Printed Name	License Number	Date

Name, Address and Telephone Number of the Funeral Home

Notary Public Section (Affix Seal)

Subscribed and Sworn before me this _____ day of _____, _____.

Notary public signature: _____

My commission ends:_____