



## Cremation Authorization

The undersigned authorizing agent(s) hereby attest to the accuracy of the representations contained herein and represent and certify the identity of the remains of the deceased \_\_\_\_\_ who passed away at \_\_\_\_\_ M. on \_\_\_\_\_. I/We hereby certify that I/we have the legal rights to authorize the cremation, handling, processing and disposition of the deceased's remains and that I/we are not aware of any living person who has the superior right to serve as an authorizing agent. If there is another person who has superior right, all reasonable efforts have been made without success to locate them and that the undersigned has no reason to believe such person would object to the cremation.

The undersigned authorizes **Caring Cremations** to assume possession of the remains of the deceased and further authorizes **Caring Cremations** to handle, possess and arrange for cremation at **Heights Crematory** and disposition of such remains.

The undersigned have/have not made arrangements for viewing or service to be conducted prior to the cremation and if so, such date of viewing or service is on \_\_\_\_\_ to be followed by cremation. In the case of no viewing or service, cremation shall take place upon receipt of the remains by the crematory.

The following items of value, if any, shall be placed with the decedent's remains and shall be disposed of as follows \_\_\_\_\_.

The final disposition of the cremated remains shall be:

( ) Release to ( ) Ship to ( ) Other \_\_\_\_\_.

It is understood that unless arrangements have been made for the final disposition of the cremated remains, the crematory may after 30 days, return the cremated remains to the authorizing agent, or if not possible, may after 60 days, at the expense of the authorizing agent, dispose of the cremated remains in a manner permitted by law.

The undersigned represents that the death of the decedent did/did not occur as a result of disease declared by the Illinois Department of Public Health to be infectious, contagious, communicable or dangerous to public health. Type of disease if any: \_\_\_\_\_.

It is understood that cremation cannot take place if a pacemaker or other material or implant is present in the deceased and it is hereby represented that such devices or materials exists they are described as follows: \_\_\_\_\_ and \_\_\_\_\_.

**Caring Cremations** is hereby authorized to remove and dispose of such devices or materials prior to cremation. \_\_\_\_\_ **(Authorizing Agent's signature or initials)**

Because of the possibility of damage to the retort the crematory reserves the right to remove and destroy all handles, gloss furnishings, casket lids or any other items on the outside of caskets used for cremation.

The undersigned hereby indemnify and release Heights Crematory, Affordable Cremations and their and employees and agents from any and all liability and damages in connection with this authorization and all actions taken hereunder and specifically with respect to the mis-identity of the deceased and the presence of pacemakers or other materials or implants. **Caring Cremations** warrants that the human remains released to the Crematory are the same as those identified herein.

Signature of Authorizing Agent \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Signature of Authorizing Agent \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Signature of Funeral Service Representative \_\_\_\_\_ Print Name \_\_\_\_\_ License Number \_\_\_\_\_

Caring Cremations, 3717 North Pulaski Road, Chicago, Illinois 60641 (773)866-2273

### NOTARY:

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commision Expires \_\_\_\_\_.