

I/We the undersigned, authorize in accordance with and subject to the rules and regulations of the State of Illinois, to cremate the remains of (deceased) \_\_\_\_\_.

(Date of Death) \_\_\_\_\_ at (City) \_\_\_\_\_ At (Time) \_\_\_\_\_

Hereby agree to be responsible for and pay all charges incurred with respect to this authorization.

I, \_\_\_\_\_ (Relationship) \_\_\_\_\_

Hereby certify that I have the legal right to arrange for the cremation and disposition of the cremated remains of the above named and deceased. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

The death **Was / Was Not** caused by an Infectious, a Contagious, Communicable disease or dangerous to the Public Health.

In requesting cremation, I acknowledge that such is an irreversible act, and, therefore I do hereby authorize cremation with full knowledge that the funeral director is acting solely upon my direction. In addition, I/We, the undersigned assume all liability for mistaken identity or incorrect identification, and do hereby to indemnify and hold the crematory, its agents, officers and employees, and the funeral home harmless from any and all claims, suits or causes of action, including a reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation or the personal representation thereof.

NOTICE: Heart pacemakers, prosthesis, silicon and radioactive producing implant devices or other life sustaining devices may cause an explosion or damage in the cremation chamber. If the crematory does not receive notice, the person or persons authorizing cremation shall be held responsible for any damage resulting thereof. The funeral director and crematory shall accept NO liability under these circumstances. In view of the above, carefully and completely read this document – front and back – consisting the following certification.

**CERTIFICATION: I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE NOTICE (Initial)**

I/We **Have / Have Not** identified the above named remains on \_\_\_\_\_, and have authorized funeral home to deliver the remains to the crematory for cremation. I further certify that I/We have made such inquiry as is necessary to determine whether or not the remains of the deceased contains any of the above specified implant devices and certify that it does not. It is my understanding that the crematory will not accept the body for cremation if it contains these devices, and that said crematory will rely solely on this certification in accepting the remains for cremation.

I understand that due to the nature of the cremation process any jewelry, personal material and valuables, to included dental gold, will be destroyed, and or rendered unrecoverable, unless they are removed at my specific direction, noted below. Specific instructions noted below must give all necessary information, directions and descriptions.

I further understand that I will indemnify and hold harmless the funeral director, crematory, their officers and employees from any liability, costs, expenses or claims resulting from this certification. The funeral home/crematory will not be liable, or responsible for any unclaimed cremains after thirty days, and they may be disposed of after 60 days in any lawful manner it deems appropriate.

**DISPOSITION OF CREMAINS (please choose one):**

Release to:  Ship to:  Other: \_\_\_\_\_

Specific Directions: \_\_\_\_\_

If shipment is authorized, the undersigned authorizes the crematory to deliver the cremains via registered US Mail and agrees to pay the handling and mailing fees incurred therein. I/We agree to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the crematory and the funeral director from any and all claims related to said shipment.

Signed: **X** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: (Complete) \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Witness: **X** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: (Complete) \_\_\_\_\_

Funeral Director, Signature, and License #: \_\_\_\_\_

NOTARY:  
SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_ Notary Public

My Commission Expires \_\_\_\_\_