

## AUTHORIZATION FOR CREMATION AND DISPOSITION

The State of Ohio requires that this Authorization Form be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 9 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this Form.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

**(Print all information except signatures.)**

### 1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS: \_\_\_\_\_

Veteran:  Yes  No

**BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:**

\_\_\_\_\_ The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.  
(Initials)

**OR**

\_\_\_\_\_ The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent. **IF THE AUTHORIZING AGENT CHOOSES THE REPRESENTATIVE MAY BE A FAMILY MEMBER, FRIEND, PERSONNEL OF A NURSING FACILITY, MEDICAL DOCTOR, COUNTY CORONER OR MEDICAL EXAMINER.**  
(Initials)

**OR**

\_\_\_\_\_ The Authorizing Agent has authorized the **Funeral Home** to photograph the remains and the Authorizing Agent has positively identified the photograph as that of the Decedent.  
(Initials)

### 2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the **Funeral Home** and **Crematory** set forth below or their **Agents** to carry out the directions and instructions of the Authorizing Agent contained in this Authorization:

Name of Funeral Home: **Burr Funeral Home, Inc.**, 116 South Street, Chardon, OH 44024

Name of Crematory: **Private Crematory, LLC**, 116 South Street, Chardon, OH 44024

Name of Funeral Director who will obtain the Burial and Transit Permit authorizing cremation of the Decedent: \_\_\_\_\_

### 3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows:

- (a) The representative appointed by the Decedent to have the right of final disposition.
- (b) The Decedent's surviving spouse.
- (c) The Decedent's surviving child or children.
- (d) The Decedent's surviving parent or parents.
- (e) The Decedent's surviving sibling or siblings – each sibling has an equal share of the right of Authorizing Agent.
- (f) The Decedent's surviving grandparent or grandparents.
- (g) The Decedent's surviving grandchild or grandchildren.
- (h) The lineal descendants of the Decedent's grandparents as spelled out in Section 2105.06 of the Ohio Revised Code.
- (i) The Decedent's personal guardian at the time of death.
- (j) Any person willing to assume the right of disposition, including the personal representative of the estate or the licensed funeral director with custody of the body, after attesting in writing and good faith that they could not locate any of the persons in the above priority list.
- (k) If the final disposition of the Decedent's remains are the responsibility of the state or a political subdivision of the state, the public officer or employee responsible for arranging the final disposition of the remains.

**4. AUTHORITY OF AUTHORIZING AGENT**

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

\_\_\_\_\_  
(Initials) As Authorizing Agent, I have filled in Section 3 above. I understand that any living person who meets the qualifications of any level above or equal to the one I filled in would have a **superior or equal** right to act as the Authorizing Agent. I do not have actual knowledge of the existence of any living person who has a **superior or equal** right to act as the Authorizing Agent.

**OR**

\_\_\_\_\_  
(Initials) As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person or persons who have a **superior** priority right to act as Authorizing Agent. I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with the **superior** priority right would object to the cremation of the Decedent.

**OR**

\_\_\_\_\_  
(Initials) As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person or persons who has an **equal** priority right to act as Authorizing Agent. Of the persons with **equal** priority rights that I was able to contact, after using reasonable efforts to do so, I certify that they are in agreement and authorize me to sign on their behalf.

**5. PACEMAKERS, IMPLANTS, PAIN PUMP AND PROSTHESES**

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed below all devices (**including mechanical, prosthetic, implants, or materials**), which may have been implanted in or attached to the Decedent. If available, devices not returned to the Authorizing Agent will be recycled. Any funds received by **Private Crematory, LLC** from the recycling company will be given to a 501(c)3 charity.

Description of Devices: \_\_\_\_\_

Please initial one of the following statements:

\_\_\_\_\_  
(Initials) The remains of the Decedent do not contain any of the Devices described above.

**OR**

\_\_\_\_\_  
(Initials) As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the **Funeral Home** is to dispose of all such Devices.

Direction: \_\_\_\_\_

**6. CASKET OR ALTERNATIVE CONTAINER**

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed; is resistant to leakage or spillage; is sufficiently rigid to be handled easily; and provides protection for the health and safety of **Crematory** and **Funeral Home** personnel. The **Crematory** is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the **Crematory** will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the **Crematory**, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

Casket or Alternative Container Selected: \_\_\_\_\_

**7. MULTIPLE CREMATIONS**

Under Ohio law, the remains of more than one decedent **may not be simultaneously cremated** in the same cremation chamber unless the decedents to be cremated were related or were legally married. Unless authorized below, the Decedent's remains shall be individually cremated.

\_\_\_\_\_  
(Initials) As Authorizing Agent, I authorize the simultaneous cremation of the remains of the Decedent with the decedent named below. I certify that this multiple cremation meets the legal requirements set forth above.

Name of Other Decedent: \_\_\_\_\_

**8. WITNESSES**

Witnessing a cremation is an emotional experience. Witnesses are assuming the risks involved and fully release the **Burr Funeral Home, Inc.** and **Private Crematory, LLC** from any liability. The persons listed below are authorized to be present in the crematory prior to, during the cremation and during the removal and processing of the cremated human remains from the cremation chamber. If you desire witnesses, you must initial and list their names.

\_\_\_\_\_  
(Initials)                      No witnesses

OR

\_\_\_\_\_  
(Initials)                      \_\_\_\_\_  
(List of Witnesses)

**9. THE CREMATION PROCESS**

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains and alternative container into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually unless authorized under section 7 of this Cremation Authorization. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the alternative container and its contents are accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the alternative container prior to cremation may be destroyed or if not destroyed, will be disposed of by the **Crematory**. The Authorizing Agent understands that arrangements must be made with the **Burr Funeral Home** to remove any such possessions or valuables prior to the time that the remains of the Decedent are transferred to the **Crematory**.

Following a cooling period, the cremated human remains are swept from the cremation chamber. Although the **Crematory** will take reasonable efforts to remove all of the cremated human remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated human remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated human remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework, hinges, latches, and nails from the alternative container will be separated and removed from the human bone fragments by visible or magnetic selection. The **Crematory** is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated human remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated human remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

**10. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE**

\_\_\_\_\_  
(Initials)                      As Authorizing Agent, I have read and understand the description of the cremation process contained in # 9 above and authorize the cremation, processing and pulverization of the remains of the Decedent. I further authorize the **Burr Funeral Home** to transfer the Decedent's remains to the **Crematory** for the purpose of the cremation.

**10.1 VERBAL FINAL AUTHORIZATION**

Upon the completion of all necessary paperwork, the Authorizing Agent may receive a call to verify that the cremation may take place:

\_\_\_\_\_  
(Initials)                      No call requested

\_\_\_\_\_  
(Initials)                      Requests a call      Phone: \_\_\_\_\_

**11. URN OR TEMPORARY CONTAINER**

After the cremated human remains have been processed, they will be placed in the urn or temporary container listed below. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing processes.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated human remains, the excess will be placed by the **Crematory** in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth in Section 12 below. If final disposition requires shipment of the cremated human remains by common carrier, the **Burr Funeral Home** will assist the family in selecting an appropriate urn. The Authorizing Agent directs the **Crematory** to use the specified urn or container listed below.

- Urn selected by Authorizing Agent. Description of urn: \_\_\_\_\_
- Standard temporary shipping container provided by the **Crematory**.
- Cremated Remains to be retained. Number of portions: \_\_\_\_\_
- Lock of hair to be retained

**12. FINAL DISPOSITION**

Following the cremation, the Authorizing Agent directs the **Crematory** and/or **Funeral Home** to undertake the actions set forth below to arrange the final disposition of the cremated human remains of the Decedent. If the cremated human remains are shipped at any time, the Authorizing Agent directs that the **Crematory** or **Funeral Home** utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated human remains during shipment and requires a signed receipt of the person taking delivery of the cremated human remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated human remains are made in this Authorization, the **Crematory** shall hold the cremated remains for ten (10) days after cremation. If during that ten (10) day period the cremated human remains are not retrieved by the person designated below to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the **Crematory** will return the cremated remains to the Authorizing Agent at the address listed in Section #3.

In the alternative, if no arrangements for the final disposition of the cremated human remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated human remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than **Private Crematory, LLC** or **Burr Funeral Home**, then the **Burr Funeral Home** may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the **Funeral Home** immediately upon receipt of an invoice.

The **Crematory** shall deliver the cremated human remains of the Decedent for disposition as follows:

\_\_\_\_\_ Deliver to \_\_\_\_\_ cemetery with which arrangements have already been made.  
(Initials)

\_\_\_\_\_ Deliver or release to: **May be the Authorizing Agent or an Agent of the Authorizing Agent**

(Initials)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_  
(Initials)

**13. PERSONAL PROPERTY**

All personal property and effects delivered with the remains of the Decedent to **Private Crematory, LLC**, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the **Crematory**, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to Authorizing Agent: \_\_\_\_\_

**14. VISITATION AND FUNERAL CEREMONIES**

Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below:

Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_ Place of Ceremonies: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_ Place of Ceremonies: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_ Place of Ceremonies: \_\_\_\_\_

**15. TIME OF CREMATION**

The cremation of the Decedent's remains **cannot take place until 24 hours** have elapsed from the time of death as indicated in the completed **Non-provisional Death Certificate**. If the remains are not embalmed and if the cremation is not to occur within 48 hours of the date of death, the **Crematory** will place the remains in a refrigerated facility for which there may be a daily charge.

Decedent's remains:  are to be embalmed.  are not to be embalmed.

Please initial one of the following:

\_\_\_\_ The **Crematory** may perform the cremation of the Decedent's remains at a time and date as the work schedule permits and referring to  
(Initials) the wishes outlined in section 4.1.

**OR**

\_\_\_\_ The **Crematory** is to use its best efforts to complete the cremation in accordance with the schedule set forth below:  
(Initials)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**16. CERTIFICATION AND INDEMNIFICATION**

The Authorizing Agent acknowledges that the **Burr Funeral Home, Inc and Private Crematory, LLC** are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in this Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the **Burr Funeral Home, Inc and Private Crematory, LLC**, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the **Burr Funeral Home, Inc's and Private Crematory, LLC's** reliance on or performance consistent with the directions, statements, representations and agreements contained in this Authorization.

Executed at: \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Authorizing Agent: \_\_\_\_\_

Witness\*: \_\_\_\_\_

Witness\*: \_\_\_\_\_

Witness\*: \_\_\_\_\_

Witness\*: \_\_\_\_\_

\*If a Funeral Director witnesses the execution of this Authorization by the Authorizing Agent, the Funeral Director verifies the accuracy of the identity of the Decedent and the representation that a Burial Permit or Burial Transit Permit authorizing the cremation of the Decedent's remains has been obtained.

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**CERTIFICATE BY FUNERAL HOME UPON TRANSFER OF DECEDENT'S REMAINS TO CREMATORY**

The **Funeral Home** certifies that the remains being transferred to the custody of the **Crematory** are those of the Decedent identified in Section 1 hereof and that the **Funeral Home**, based upon the representations of the Authorizing Agent in Section 5 hereof, has taken reasonable precautions to ensure the removal of any Device listed in Section 5 from the Decedent's remains or to render such Device non-hazardous. The **Funeral Home** also certifies that any items listed in Section 13 hereof have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

**FUNERAL HOME**

Date: \_\_\_\_\_

By: \_\_\_\_\_

**CREMATORY PERSONNEL**

Date: \_\_\_\_\_

By: \_\_\_\_\_