

RIDGEMOOR CHAPELS
AMERICAN CREMATION SOCIETY
7751 W. Irving Park Road, Chicago, Illinois 60634-2132
773-736-2693

CREMATION AUTHORIZATION

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DIRECTION

I, the undersigned, hereby authorize the aforementioned Funeral Directors to assume custody of (name): _____ (herein referred to as the decedent) in accordance with and subject to its rules and regulations and applicable state and/or local laws. Further, I direct said funeral directors to cremate the decedent at (crematory): _____.

I hereby state that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her _____, and/or, I serve in the capacity of _____ to the decedent. As such, in this stated relationship/capacity, I represent that I possess full legal authority and power, according to the laws of the State of Illinois to execute this authorization and to arrange for the cremation and disposition of the cremated remains of the decedent.

In addition, I am not aware of any objection to this cremation by anyone, which may or may not include a spouse, child, parent or sibling (if applicable).

This authorization is: **AT NEED / PRE NEED**

If this is an at need authorization, enter date and time of death _____

THIS IS A LEGAL DOCUMENT CONTAINING IMPORTANT PROVISIONS CONCERNING CREMATION.

CREMATION IS IRREVERSIBLE AND FINAL.

READ THIS DOCUMENT (2 PAGES) CAREFULLY AND UNDERSTAND IT FULLY BEFORE SIGNING IT.

Identification, Time of Cremation & Witnessing

- I certify that I **HAVE / HAVE NOT** identified/viewed the remains of the decedent and have authorized the funeral directors to deliver the decedent to the crematory. If I have not identified the decedent, I hereby state that I understand and waive all rights associated with this decision and assume full responsibility for this decision. Further, the crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule as scheduling permits without obtaining any further authorizations or instructions from me. I also authorize the crematory to perform the cremation in a manner in which they deem most appropriate which may include (but not limited to) repositioning of remains in the retort chamber to facilitate the process and pulverizing of cremains after the cremation process is completed. Also, in the case of obesity, a disclaimer may be required.

Date & Time of Viewing (if applicable): _____

- Further, I state that there **WILL / WILL NOT** be anyone present to witness the cremation. If there will be persons present, I must arrange for said service and timing with the funeral directors and a separate Witness Authorization must be executed by me.

Representations

- The decedent **DID / DID NOT** have a heart pace maker implantation, radiation producing device or any other device that could be explosive. **If decedent did have such a device, I hereby grant authority for its removal prior to the cremation process.** If the answer to this question is **DID** have, attach a list to this form that details and explains all existing devices (including mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent that should be removed prior to cremation.
- Approximate Height _____ and Weight _____ of decedent.
- I understand that due to the cremation process, any personal possessions/valuables including teeth, gold jewelry, etc. will be destroyed and non-recoverable unless removed prior to cremation. *If any valuables are to be delivered to the crematory, attach a description of same.*
- The decedent **DID / DID NOT** expire of a contagious, infectious, or communicable disease dangerous to public health.

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Cremation Authorization

Claiming of Cremated Remains

_____ After the cremation has taken place, the cremated remains will be processed and the processed cremated remains placed in a receptacle of the crematory's choosing. I direct that I, the authorizing agent, or _____ will claim the cremated remains within thirty (30) days after the cremation from the Funeral Directors, **OR:**

_____ Deliver the cremated remains to the United States Postal Service for registered mail shipment to: _____

I understand that if this option is selected, a Postal Authorization must be executed by me and there is a related fee for mailing. Further, I agree to hold Ridgemoor Chapels and/or American Cremation Society harmless for this direction and I assume all risks associated with postal delivery, if any, **OR:**

_____ Arrange for the disposition of the cremated remains at the discretion of the Funeral Directors in accordance with the applicable laws and regulations of the State of Illinois. The authorizing agent understands that if this option is selected, the cremated remains are not recoverable in the future and this decision is final.

The Funeral Directors will NOT assume responsibility for cremated remains unclaimed thirty (30) days after cremation; the Funeral Directors may make arrangements for disposition of the cremains after thirty (30) days and the cremains may not be recoverable in the future.

If you desire a disposition of the cremains that is not listed above, attach an explanation to this form making your instructions known.

Additional Representations & Disclosures

Did the decedent arrange for his/her own cremation on a pre-need basis?	Yes	π	No	π
Did the decedent leave a will or any other written direction to be cremated?	Yes	π	No	π
Did the decedent execute a pre-need Cremation Authorization form?	Yes	π	No	π
Did the decedent communicate oral instructions to be cremated?	Yes	π	No	π
If yes, with whom? _____				
Did the decedent arrange for final disposition of the cremated remains?	Yes	π	No	π
If yes, describe: _____				

I hereby certify that the decedent left the following surviving heirs at law:

Spouse:	Yes	π	No	π	Name: _____
Children:	Yes	π	No	π	How Many? _____ Name(s): _____
Parents:	Yes	π	No	π	How Many? _____ Name(s): _____
Siblings:	Yes	π	No	π	How Many? _____ Name(s): _____

Certification

I ACKNOWLEDGE THAT BY EXECUTING THIS CREMATION AUTHORIZATION THAT I HAVE READ AND FULLY UNDERSTAND PAGES 1 AND 2 OF SAID AUTHORIZATION. FURTHER, ALL REPRESENTATIONS AND STATEMENTS CONTAINED WITHIN THIS AUTHORIZATION ARE TRUE AND CORRECT. FURTHER, I AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS RIDGEMOOR CHAPELS, AMERICAN CREMATION SOCIETY AND THE CREMATORY, ITS OFFICERS, AGENTS AND EMPLOYEES, OF AND FROM ALL CLAIMS, DEMANDS, CAUSES OR CAUSES OF ACTION, AND SUITS OF EVERY KIND, NATURE AND DESCRIPTION, IN LAW OR EQUITY, INCLUDING ANY LEGAL FEES, COSTS AND EXPENSES OF LITIGATION, ARISING AS A RESULT OF, BASED UPON OR CONNECTED WITH THIS AUTHORIZATION, INCLUDING THE FAILURE TO PROPERLY IDENTIFY THE DECEDENT OF THE HUMAN REMAINS TRANSPORTED TO THE CREMATORY, THE PROCESSING, SHIPPING AND FINAL DISPOSITION OF THE DECEDENT'S CREMATED REMAINS, THE FAILURE TO TAKE POSSESSION OF OR MAKE PROPER ARRANGEMENTS FOR THE FINAL DISPOSITION OF THE CREMATED REMAINS, AND DAMAGE DUE TO HARMFUL OR EXPLODABLE IMPLANTS, CLAIMS BROUGHT BY ANY OTHER PERSON(S) CLAIMING THE RIGHT TO CONTROL THE DISPOSITION OF THE DECEDENT OR THE DECEDENT'S CREMATED REMAINS, OR ANY OTHER ACTION PERFORMED BY THE FUNERAL DIRECTORS AND/OR CREMATORY, ITS OFFICERS, AGENTS OR EMPLOYEES, PURSUANT TO THIS AUTHORIZATION.

SIGNED: _____ **DATE:** _____
NAME (print): _____ **PHONE:** _____
ADDRESS: _____
FUNERAL DIRECTOR (signature): _____ **LICENSE:** _____