

(Notary Seal)

624 N. Western Ave., Chicago 60612 Norridge Chapels 7751 W. Irving Park Rd., Chicago 60634

(773) 276-7800

CREMATION AUTHORIZATION

I (we) the undersigned (the "Authorizing Agent") hereby authorize RAGO BROTHERS FUNERAL HOME & ACACIA PARK CEMETERY AND MAUSOLEUM CORPORATION ("Crematory"), in accordance with and subject to its rules and regulations and any applicable Federal, State and local laws, to Cremate the remains of _ _who died on___ And attest to the following: a) The death _____was _was not due to infectious or contagious disease b) The decedent _____ does _____ does not have a pacemaker or other radiation producing device or any other life sustaining device that could be explosive. If such device exists, I (we) authorize said Crematory to remove such device. I (we) further agree that in the event of my (our) failure to notify said Crematory or any other responsible party for the removal of such device, I (we) will be liable for any damage to the Crematory or injury to crematory personnel. c) The deceased height is _____ft ____in. And weight is ____ I (we) understand that all metals remaining following cremation will be sent for recycling. Recycling of these metals (prosthesis, dental implants, or similar items) will be done in compliance with EPA, state, and federal laws. Net profits from the recycling program will be used for the maintenance and beautification of the Acacia Park Cemetery grounds. Crematory is hereby authorized to make the following disposition of the cremains: [] Bury Cremated Remains in Acacia Park Cemetery grave or designated scattering area as directed by Next of Kin. [] Deliver to:_ _ (additional fees apply to delivery) [] Return to Funeral Home and the designated family member will confer with funeral director to arrange disposition. Rago Brothers Funeral Home is authorized to dispose of cremains if they are not called within fourteen days from the date hereof or when there is no designated item listed above. ** CERTIFICATION OF NEXT OF KIN FOR CREMATION ** I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT I AM (WE ARE) THE CLOSEST LIVING NEXT OF KIN OF THE DECEDENT AND THAT I AM (WE ARE) RELATED TO THE DECEDENT AS HIS/HER $_$ OR THAT I (WE) OTHERWISE SERVE (SERVED) IN THE CAPACITY OF ____ ___ TO THE DECEDENT. AND, THAT I (WE) HAVE CHARGE OF THE REMAINS OF THE DECEDENT AND AS SUCH POSSESS FULL LEGAL AUTHORITY AND POWER, ACCORDING TO THE LAWS OF THE STATE, TO EXECUTE THIS CREMATION AUTHORIZATION FORM AND ARRANGE FOR THE CREMATION. IN ADDITION, I AM (WE ARE) AWARE OF NO OBJECTION TO THIS CREMATION BY ANY OTHER FAMILY MEMBER. I (WE) FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS RAGO BROTHERS FUNERAL HOME AND ACACIA PARK CEMETERY AND MAUSOLEUM CORPORATION, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS, DEMANDS, CAUSE OR CAUSE OF ACTION, AND SUITES OF EVERY KIND, NATURE AND DESCRIPTION, IN LAW OR IN EQUITY, WITH RESPECT TO SAID CREMATION, EXCEPTING ONLY ACTS OF WILFUL NEGLIGENCE. Signature Signature Address Address City State Zip City State Telephone Relationship Telephone Relationship