



919 N. Garfield Avenue, Lombard, Illinois 60148
 Phone: 630/932-0003 Fax: 630/932-0007

CREMATION AUTHORIZATION

I(We), the undersigned (the Authorizing Agent(s)), hereby authorize and request Trisons Crematory, in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of _____ (the decedent) and to arrange for the final disposition of the cremated remains, as set forth on this form. Initials of AA _____

I(We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Trisons Crematory, for cremation. Initials of AA _____

I(We) have read the attached document entitled Trisons Crematory Policies, Procedures and Requirements, and hereby authorize Trisons Crematory to perform the cremation of the decedent in accordance with that document. Initials of AA _____

IDENTIFICATION

Date of Death _____ Place of Death _____ Sex _____ Age _____

TIME OF CREMATION

Trisons Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. Yes No Initials of AA _____
 If no, please explain and then complete the next line _____

The cremation shall take place on _____ (day), _____ (date), at _____ (time). Initials of AA _____

PACEMAKERS, PROSTHESIS, AND RADIOACTIVE IMPLANTS

Did the Decedent have a pacemaker? Yes No Was the decedent treated with radioactive therapy? Yes No
 Was the Decedent a ROBI donor? Yes No

If yes, the following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices), which are implanted in or attached to the decedent, that should be removed prior to cremation:

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to Trisons Crematory. Initials of AA _____

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO TRISONS CREMATORY.

MERCHANDISE

Type of casket or container selected _____
 Size and type of urn or container selected _____

FINAL DISPOSITION

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains. Initials of AA _____

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, Trisons Crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes Trisons Crematory to release, deliver, transport, or ship the cremated remains as specified. Check one of the following:

1. _____ Return to the Funeral Home: _____
2. _____ Deliver the cremated remains to _____ cemetery, with which arrangements have already been made for the cremated remains to be _____.
3. _____ Deliver or _____ Release cremated remains to the following designated person:
 Name _____ Address _____
 Relationship _____
 Scheduled Date of Delivery or Release _____
4. _____ Deliver the cremated remains to the US Postal Service for shipment by Registered, Return Receipt mail to _____ for permanent disposition. (Attach copy of Post Office Receipt)
5. _____ Other _____

Initials of AA _____



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LIMITATION OF LIABILITY

As the Authorizing Agent(s), I(we) hereby agree to indemnify, defend, and hold harmless Trisons Crematory, its officers, agents and employees, of and from any and 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 or the human remains transmitted to Trisons 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, any 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 Trisons Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Initials of AA _____

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Trisons Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____, this _____ day of _____, 20_____.

I, _____, hereby certify that I am the closest living relative or next of kin of _____, Deceased.
Signature _____
Address _____
Phone No. _____ Relationship to Decedent _____

I, _____, hereby certify that I am the closest living relative or next of kin of _____, Deceased.
Signature _____
Address _____
Phone No. _____ Relationship to Decedent _____

I, _____, hereby certify that I am the closest living relative or next of kin of _____, Deceased.
Signature _____
Address _____
Phone No. _____ Relationship to Decedent _____

Notary Seal
SUBSCRIBED AND SWORN BEFORE ME THIS
_____ DAY OF _____, 20_____.
_____ NOTARY PUBLIC
MY COMMISSION EXPIRES _____ (AFFIX NOTARY SEAL BELOW)

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s)

Name and Address of Funeral Home

REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
3. That the human remains delivered to Trisons Crematory and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
5. That the representations contained above concerning the decedent s cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

Licensed Funeral Director _____

License #: _____