

AUTHORIZATION FOR CREMATION AND DISPOSITION

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

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority, and know of no living person who objects to the matters set forth herein or has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of _____ (hereinafter referred to as the "Deceased").

(Name of Deceased – LAST, First Middle)

Date of Birth _____ Date of Death _____ Time of Death _____ A.M. P.M.

____ I/We are not aware of any living person who has a superior priority right under Indiana law to make arrangements for the disposition of the Deceased.

____ I/We are aware that there is another living person who has such a superior priority right. I/We have made all reasonable efforts to contact that person and have been unable to do so. I/We have no reason to believe that such person would object to the cremation of the Deceased.

I/We hereby request and authorize **WOODLAWN FAMILY FUNERAL CENTRE/WOODLAWN CREMATIONS** (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at **WOODLAWN CREMATORY** located at 311 Holiday Sq. Rd. in Seymour, Indiana 47274. Phone number 812-523-1074 (hereinafter referred to as the "Crematory"), and I/we give the Crematory the authority to cremate the remains of the Deceased.

I/We have have not made arrangements for viewing or service to be conducted with the Deceased present prior to cremation. Date and time of viewing or service: _____

If I/we have not arranged for a viewing or service, the Funeral Home and Crematory are authorized to proceed with the cremation upon receipt of the remains of the Deceased.

I/We hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required: Yes No Describe: _____

Description of urn or minimum acceptable container selected: _____ Suitable for Shipping: Yes No N/A

Deliver to _____ (Name and Address of Cemetery)

Release to the following individual(s): _____ (Name of Designated Individuals to Receive Cremated Remains)

Scattering at Sea by Funeral Home or Funeral Home's Agent _____

Ship Via **U.S Priority Mail Express***
To: Name _____ Address _____

Other _____

***Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Priority Mail Express with the United States Postal Service. I/We agree to release and hold Funeral Home and Crematory harmless from any and all claims related to such shipping.**

The undersigned acknowledges and agrees that the cremation, processing and disposition of the remains of the Deceased authorized herein shall be subject to the following terms and conditions:

- The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate. Description of cremation container selected: _____
- Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and associates, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

(Please Initial One)

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

Description of Implanted Device	Disposition
Description of Implanted Device	Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

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(Name of Deceased – LAST, First Middle)

(Date of Birth)

(Date of Death)

3. The following items of value belonging to the Deceased were previously taken and are being held by the Funeral Home: _____

I/We acknowledge that neither the Funeral Home nor the Crematory is responsible for removing any item of value (such as jewelry) from the remains prior to the cremation process, and I/We agree to hold harmless Funeral Home and Crematory from any liability for the destruction or loss of any such item.

4. I/We understand that certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory. I/We further hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials. I/We expressly prohibit the Crematory from selling such materials.

5. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

6. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

7. I/We understand and acknowledge that, even with the exercise of reasonable care and the use of the Crematory’s best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

8. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days after the cremated remains are available to be retrieved by the person designated on the Authorization for Return of Cremated Remains form, the Funeral Home shall give written notice by Certified Mail to me/us and to the person designated on the Authorization for Return of Cremated Remains form. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 30 days after the date such written notification is mailed, the Funeral Home is authorized and directed to mail the unclaimed cremated remains of the Deceased by Priority Mail Express via United States Postal Service to the individual designated on the Authorization for Return of Cremated Remains form.

9. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys’ fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

10. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature _____
Print Name Relationship to Deceased

Address _____ Tel. No. (_____) _____
Street City State Zip

Signature _____
Print Name Relationship to Deceased

Address _____ Tel. No. (_____) _____
Street City State Zip

The undersigned funeral director certifies that the human remains delivered to the Crematory are the remains of the Deceased identified on this Authorization and that the undersigned witnessed the execution of this Authorization by the Authorizing Agent.

FUNERAL DIRECTOR _____ Date _____, 20____
Signature Print Name

WOODLAWN FAMILY FUNERAL CENTRE/WOODLAWN CREMATIONS

Name and Address of Funeral Home