



CREMATION AUTHORIZATION

The Undersigned, as authorizing agent does hereby authorize *ARROW CREMATORY* to cremate the remains of:

NAME OF DECEASED

TIME & DATE OF DEATH

LAST KNOWN ADDRESS OF DECEASED

ACTING UNDER INDIANA CODE 23-14-31-27, THE AUTHOIRZING AGENT HEREBY CERTIFIES:

He/She has the right to authorize the cremation of the deceased and no person has a superior right, except:

In the event there exists an individual having a superior right to execute this legal document, the authorizing agent certifies that all reasonable attempts have been made to contact such person, but has not been able to make contact, and believes that such person would not object to cremation.

Arrow Crematory is hereby given permission to cremate the deceased remains. Cremation may occur at any time after 48 hours from the time of death, which was on _____, 2017 at _____ a.m./p.m.

The deceased remains **does** _____ **does not** _____ contain a pacemaker or other material or implant or radiation producing device nor any life sustaining device that could be explosive or that might be potentially dangerous to the cremation chamber or any person attending the cremation, if such a device exists. I have instructed the funeral director to remove it before cremation. I also agree that in the event of my failure to notify the funeral director responsible for the removal of such a device I will be liable for any damages to the crematorium or injury to crematorium personnel. I understand that cremated remains are bone fragments, which will be reduced in size and placed in an urn. Urns provided by Arrow Crematory are sufficient in size for all cremated remains. In the event the capacity of the urn I selected elsewhere is less than the amount of the cremated remains: Arrow Crematory is hereby authorized to return said excess cremated remains in a temporary container. If deceased does have a device (Pacemaker, etc.)

DATE & TIME REMOVED: _____ REMOVED

BY: _____

The funeral director authorized to receive the cremated remains is *Illiana Cremation Society*.

Final disposition of the cremated remains will be: **inurnment** _____ **scattering** _____ **interment in a grave or niche** _____ **return to family** _____ **other** _____. (If authorizing agent does not specify the means of final disposition and fails to indicate return of the remains to the authorizing agent, the remains may be held by Arrow Crematory for not longer than 30 days after cremation at which time they will be returned to the funeral home who is required to hold them for not more than 60 days from the date of cremation prior to disposing of the as previously authorized or in any lawful manner.)

A listing of valuable items belonging to the deceased and now being held by the funeral home are:

The authorizing agent understands that the crematory may not sell nonorganic material recovered from the deceased remains. The authorizing agent stated the death was _____, was not _____ due to infectious or contagious disease. I understand and agree that if I do not notify Arrow Crematory about the death by infectious or contagious disease, that I will be liable for, and indemnify and hold harmless Arrow Crematory from any and all damages, injuries, losses, cost and expenses, including attorney's fees incurred or suffered by Arrow Crematory, Arrow Crematory's personnel, and/or any third party as a result of my failure to notify.

The undersigned, as authorizing agent, assumes responsibility for the final disposition of the cremated remains of the deceased and certifies to the truth and accuracy of all information set forth on the cremation authorization.

I affirm under the penalties of perjury that the information set forth on the cremation authorization is true and correct and the cremation may proceed as authorized.

Signed the _____ day of _____, 2017 NAME _____ RELATIONSHIP _____

FUNERAL DIRECTOR CERTIFICATION

The undersigned, a licensed funeral director in the State of Indiana and Illinois, and authorized representative of *Illiana Cremation Society* hereby certify that the authorizing agent signed the cremation authorization on the date indicated thereon and further that the remains delivered to Arrow Crematory are the same as those identified on the cremation authorization

FUNERAL DIRECTOR: _____

LICENSE NUMBER: _____