

## Cremation And Disposition Authorization Form

510 Business Parkway Carlisle, Ohio 45005 Ph. 937-949-4122 Fax 937-743-5810

The State of Ohio requires that this Authorization form be completed and signed prior to the cremation. Since cremation is an irreversible process, please read this form and information carefully, and make sure you ask us any questions and understand the process completely before signing. This Authorization is not a contract for cremation or disposition services. A separate contract or contracts will be required to purchase the services of the Funeral Home, Crematory, and/or Cemetery.

Name Of Deceased (hereinafter referred to as the "Deceased)			So	Social Security Number	
Date of Birth:		Date Of Death		Time Of Death:	AM / PM
I have, or		stitution Where Deceased Will Be Re	moved	has positively identifie	d the deceased.
/We hereby request and authorize Tr		reinafter referred to as the "Funeral (hereinafter referred to as the "Crer		_	
	_	Ve authorize the Crematory to return			·
Funeral Home. I/We understand that		•		•	•
	_	orize the Funeral Home to arrange fo			•
and custody of the Functure	Tome: If We hereby dutin	onze the runeral frome to arrunge to	The disposition of t	The Gremated Territains of the Be	
Release To Family	<i>y</i> :	Ship via USPS Priority Mail Expre Name and Address		Initial Here To Have The Crema At The Discretion Of T	•
Name Of Person Designated To Rec Remains	ceive The Cremated				
Mechanical or Radioactive device Crematory will not cremate any hum	es implanted in the remai nan remains which contai	erous to the public health. If so desc ns of the Deceased (such as pacema n any type of implanted mechanical and employees, to remove any such	kers, etc.) may create or radioactive device	e a hazard when placed in the co	remation chamber. The e Deceased contain such a
•	ed mechanical or radioa	the remains of the deceased do ctive devices and other items of val ceased prior to cremation, and disp	ue, which the funera		
I certify that		ased do or do notcont		Mesatron) a radioactive materi	 al.
The Authorizing Agent co	ertifies the relationshi	p between the Authorizing Agen	t and the Deceden	t by initialing ONE of the fol	llowing options:
Surviving Spouse of Dec	cedent at the time of dea	th			
The person designated	by the Decedent in an Ag	ent of Disposition Form			
The Executor or Admini	strator of the Decedent's	estate who has written instructions	by the Decedent, au	thorizing this cremation	
An adult child of the De	cedent.If the Decedent	nas more than one surviving child, th	e Authorizing Agent	certifies that all other surviving	adult children have been
otified of the Decedent's death, and	there has been no object	tion to this cremation			
A parent, guardian or cu	ustodian of the Decedent	. If the other parent of the Decedent	is alive, the Authoria	zing Agent certifies that the oth	er parent has been notified
f the Decedent's death and has not e	expressed objection to th	is cremation			
A person in the next de	gree of kinship to the De	cedent after those listed above. Rela	tionship to the Decea	ased:	
A public officer or empl	oyee of Ohio or political	subdivision of Ohio, which is respons	sible for the final disp	osition of the Decedent's rema	ins
A representative of a ca	re facility which has beer	n designated as the institution to ma	ke arrangement for t	he final disposition of the Dece	dent's remains
In the absence of any in	dividual listed above, an	individual willing to assume the resp	onsibility of serving	as the Authorizing Agent	
As Authorizing Agent, I certify	that I have the right t	o authorize the cremation of the	Decedent's remai	ns by initialing ONE of the fo	ollowing statements:
I understand that any livi	ng person who meets the	e qualifications of any line above the	one I initialed, would	d have the right to act as the Au	uthorizing Agent. I am not
ware of any living person(s) who has	a superior right to act as	the Authorizing Agent			
I am aware of a living per	rson(s) who has a superio	or right to act as the Authorizing Age	nt. I have made reaso	onable efforts to contact such p	erson(s), and have been
unable to do so. I have no reason to b	elieve that the person(s)	with superior authorizing right woul	d object to this crem	ation	

I authorize Trinity Cremation Care LLC and Alliance Cremation Logistics Co. to proceed with the cremation, any time after the body is received, providing the necessary information and permits have been obtained. As Authorizing Agent, I acknowledge that the Funeral Home and Crematory are relying upon my representations. I certify that all of the information given here is true and accurate, and agree to hold harmless Trinity Cremation Care LLC and Alliance Cremation Logistics Co. from any claim arising from the reliance of the information contained herein. I hereby certify that I am authorized to act as agent and authorize the cremation and disposition of the Decedent named above:

Printed Name of Authorizing Agent	Relationship
Signature of Authorizing Agent	Date
Signature and printed name of witness	Date
Signature of Funeral Director Randy W. Rhoden - Funeral Director In Charge	Date

## **The Cremation Process**

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other nonhuman material) as the temperature is not sufficient to consume them. Due to the nature of the cremation process, any personal possessions or valuable materials that are left with the deceased, and not removed from the casket or container prior to cremation will be destroyed, or if not destroyed, will be disposed of by Alliance Cremation Logistics Co.. As the casket, body bag, or container will not be opened by Alliance Cremation Logistics Co. to remove valuables, to allow for a final viewing, or for any other reason, arrangements must be made to remove any such possessions or valuables prior to the cremation taking place. Trinity Cremation Care LLC and Alliance Cremation Logistics Co. will not be responsible for any possessions or valuables left in the casket, body bag or container.