

## 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)		Social Security Number	
Date of Birth:	Date Of Death	Time Of Death:	AM / PM
I have, orName or	f Institution Where Deceased Will Be Removed	has positively identifie	d the deceased.
authorize the Crematory to proceed with the cremation. Funeral Home. I/We understand that the services and obli	Co. (hereinafter referred to as the "Crematory"). Upon re I/We authorize the Crematory to return the cremated rer	ceipt of the Deceased from the Fun nains of the Deceased to the posso ated remains of the Deceased are	neral Home, I/We hereby ession and custody of the returned to the possession
Release To Family:	Ship via USPS Priority Mail Express (\$150 Fee).  Name and Address:	Initial Here To Have The Crema At The Discretion Of T	· ·
Name Of Person Designated To Receive The Cremated Remains			
Crematory will not cremate any human remains which condevice, I/we hereby authorize the Funeral Home, its agendispose of such items at its discretion. I hereby certify the device. Listed below are all implanted mechanical or rad	nts, and employees, to remove any such mechanical device nat the remains of the deceased do or do not lioactive devices and other items of value, which the fun deceased prior to cremation, and dispose of as indicate	ice. In the event the remains of the strom the remains of the Deceas contain any type of implanted reral home is authorized to removed:	e Deceased contain such a ed prior to cremation and nechanical or radioactive e from the remains of the
i certify that the remains of the d	eceased do or do not contain Strontium - 8	9 (Mesatron) a radioactive materi	aı.
The Authorizing Agent certifies the relation	ship between the Authorizing Agent and the Deced	ent by initialing ONE of the fol	llowing options:
Surviving Spouse of Decedent at the time of	death		
The person designated by the Decedent in ar	· ·		
	nt's estate who has written instructions by the Decedent,		
	nt has more than one surviving child, the Authorizing Age	nt certifies that all other surviving	adult children have been
notified of the Decedent's death, and there has been no ob		and the American street that the continue	
	lent. If the other parent of the Decedent is alive, the Auth	orizing Agent certifies that the oth	er parent has been notified
of the Decedent's death and has not expressed objection to	Decedent after those listed above. Relationship to the De	coasad:	
	·		inc
	cal subdivision of Ohio, which is responsible for the final c	•	
<del></del>	peen designated as the institution to make arrangement for	·	uent's remains
<del></del>	an individual willing to assume the responsibility of servi		allowing statements:
	ht to authorize the cremation of the Decedent's ren		_
	s the qualifications of any line above the one I initialed, we	ouiu nave the right to act as the At	itiioriziiig Agent. I am not
ware of any living person(s) who has a superior right to ac  I am aware of a living person(s) who has a sup			
rain aware or a nying person(s) who has a sup	erior right to act as the Authorizing Agent. I have made re	asonable efforts to contact such n	erson(s) and have been

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	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.