

510 Business Parkway
Carlisle, Ohio 45005



Affordable Funeral Services

937-949-4122

CREMATION AND DISPOSITION AUTHORIZATION FORM

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.

I/We, the undersigned, certify, warrant, and represent that I/We have the full legal right and authority to authorize the cremation, processing, and disposition of the remains of

Name Of Deceased (hereinafter referred to as the "Deceased") Social Security Number _____

I/We am/are not aware of a person who has a superior priority right or am/are not aware of a person of equal priority who disagrees with authorizing the cremation.

Date of Birth: _____ Date Of Death _____ Time Of Death: _____ AM / PM

I/We am/are have or _____ has positively identified the deceased.
Name of Institution Where Deceased Will Be Removed _____

I/We hereby request and authorize Trinity Cremation Care (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Alliance Cremation Logistics Co. (hereinafter referred to as the "Crematory"). Upon receipt of the Deceased from the Funeral Home, I/We hereby authorize the Crematory to proceed with the cremation. I/We 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:

<p>(1) Release to Family</p> <p>_____</p> <p>Name of designated family member to receive cremated remains</p>	<p>(2) Ship via Registered Mail (Additional Fee Required) Name and Address: _____</p> <p>_____</p> <p>_____</p>	<p>(3)</p> <p>_____ Initial here to have the cremated remains disposed at the discretion of the funeral home</p>
---	---	--

To the best of my/our knowledge, the Deceased did _____ did not _____ have an infectious, contagious, or communicable disease, or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health. If so, describe:

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, it's agents, and employees, 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. Listed below are all implanted mechanical and radioactive devices and other items of value 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 or Personal Article Disposition. If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO _____ DO NOT _____ CONTAIN Strontium – 89 (Mesatron) a radioactive material.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

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

<p>Signature _____ Print Name and Relationship to Deceased _____ Date _____</p> <p>Address _____ Tel. # _____</p>
<p>Signature _____ Print Name and Relationship to Deceased _____ Date _____</p> <p>Address _____ Tel. # _____</p>
<p>Witness Signature _____ Print Name _____ Date _____</p> <p>Address _____ Tel. # _____</p>
<p>Licensed Funeral Director : _____ Date _____</p>