

CREMATION AND DISPOSITION AUTHORIZATION

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you fully Understand the cremation process that is described in this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this form.

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES)

Name of Decedent: _____ Age: _____ Date of Death: _____ Time of Death: _____

IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____

Address: _____

Telephone Number: _____

Relationship: _____

AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I have viewed the remains and positively identified them as the body of the Decedent. The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: **Peace of Mind Funeral & Cremation Services** _____

Address of Funeral Home: **5325 West Greenfield Ave. West Milwaukee WI 53214** _____

Crematory: **Professional Cremation LLC which is located at 11430 W. Lincoln Ave, West Allis, WI** _____

CREMATION PROCESS

The cremation process is accomplished by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its 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 non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and are not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and other nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

CREMATION PROCESS (continued)

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. After the bone fragments have been separated from the other material they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable a human remains, will then be placed into a designated container.

PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicone or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed all devices below (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

X _____ The remains of the Descendant do not contain any of the devices described above.
(Initials) **OR**

_____ As Authorizing Agent, I instruct the Funeral Home to remove each Device listed below and to charge for its
(Initials) services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices. Such Devices are detailed as follows: _____

Disposition: _____

AUTHORIZATION TO CREMATE AND FINAL DISPOSITION

As Authorizing Agent, I have read and understand the description of the cremation process described above an authorized cremation processing and pulverisation of the remains of the Descendants of brother authorized funeral home to deliver the descendants remains to the Crematory for the purpose of cremation.

Following the cremation in the Authorization Agent directs the Crematory and/or Funeral Home to undertake the action set forth on this form to arrange the final disposition of the cremated remains of The Descendant if the cremated remains are shipped at any time the Authorization Agent directs the Crematory or Funeral Home utilize registered U.S. mail with a return receipt or shipping service that uses internal system for tracing the location of the cremated remains during the shipment and requires a signed receipt of the person taking delivery of the cremated remains.

X _____ The The Crematory shall Deliver the cremated remains of the Descendant to the Funeral Home.
(Initials) **OR**

_____ The Funeral Home, or in the event the cremated remains are not return to the Funeral Home, the Crematory
(Initials) shall deliver the cremated remains of The Descendant for disposition as follows: The undersigned hereby authorizes Crematory to deliver the cremated remains via registered U.S. mail and agreed to assume liability for any damage that may arise from any caused growing out of said delivery and to indemnify and hold harmless Crematory and the Funeral Director from any and all claims related to said shipment the undersigned also agrees to pay the delivery charge.

Name: _____ **Relationship:** _____

Address: _____

CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization the Authorizing Agent certifies that all the information and statements contained in the Authorization are accurate and no emissions of any material fact have been made the Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including but not limited to, any legal fees arising out of the resulting from the Funeral Homes and the Crematories reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Executed at: _____, this _____ day of _____

X Signature of Authorizing Agent: _____

Witness: _____