No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREMATION AUTHORIZATION** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The State of Ohio requires that this Authorization Form 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 understand the cremation process that is described in Section 9 of 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. THIS AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF KENNEDY LIFE CELEBRATION SERVICES FUNERAL HOME.

# 1. KENNEDY LIFE CELEBRATION SERVICES FUNERAL HOME

The Authorizing Agent designated below 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: KENNEDY LIFE CELEBRATION SERVICES FUNERAL HOME,121 S. Main St London, OH 43140 (740) 604-9300 Name of Crematory Facility: CLARK COUNTY CREMATION SERVICES or their assignees. Name of Funeral Director who will obtain the Burial Permit or Burial Transit Permit authorizing cremation of the Decedent: Dan M. Kennedy or his designee.

**2. THE DECEDENT**

**Name of Decedent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Death:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:**

**Please initial the appropriate line to verify method of identification.**

The Authorizing Agent or personal representative of the Authorizing Agent has viewed the remains (at the funeral home, crematory facility or place of death) and positively identified them as the body of the Decedent.

(Initials) **OR**

The Authorizing Agent or personal representative of the Authorizing Agent has authorized the Funeral Home to photograph or create an image of the remains and the Authorizing Agent or personal representative has positively identified the photograph or image as the

(Initials) Decedent. **OR**

The Authorizing Agent or personal representative of the Authorizing Agent has identified the Decedent’s remains by photograph or by one of the following methods; Birthmark Tattoo(s) Scar(s) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ` | **OR**  The Decedents remains have been identified by the coroner.  **3. IDENTIFICATION OF THE AUTHORIZING AGENT** |

**Name of Authorizing Agent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle the appropriate letter to certify that you are in fact:**

a) The Authorizing Agent appointed by the Decedent to have the right of disposition. (Must have completed the State of Ohio Representative form prior to death)

b) Decedent’s **surviving spouse**.

1. The Decedent’s **surviving child or children**.
2. The Decedent’s **surviving parent or parents**.
3. The Decedent’s **surviving sibling or siblings**.
4. The Decedent’s **surviving grandparent or grandparents**.
5. The Decedent’s **surviving grandchild or grandchildren**.
6. The lineal descendants of the Decedent’s grandparents as spelled out in Section 2105.06 of the Revised Code. i) The Decedent’s **personal guardian at the time of death**.
7. Any person willing to assume the right of disposition, including the personal representative of the estate or the licensed funeral director with custody of the body, after attesting in writing and good faith that they could not locate any of the persons in the above priority list.
8. **If the deceased person was an indigent person or other person, the final disposition of whose body is the financial and statutory responsibility of the state or a person who:**

(Pursuant to Ohio Rev. Code 2108.75: (1) is incompetent as described by probate court, (2) resigns or declines to exercise the right of disposition, (3) cannot be located with reasonable efforts, and/or (4) upon notification refuses to exercise the right of disposition within 48 hours of the decedent’s death – which may include taking financial responsibility for the disposition under Ohio Rev. Code 2108.89, if applicable, is disqualified from having the right of disposition for the decedent.

## 4. STATEMENT OF AUTHORITY (Ohio Rev. Code 4717.24)

As Authorizing Agent, , I have completed Section 3 above, **I certify that I do not have actual knowledge of the existence of any living person who has a superior or equal right to act as the Authorizing Agent** in the letters appearing at or above the letter I selected, above- pursuant to Ohio Rev. Code 4717.22 (I have excluded any persons that are disqualified pursuant to Ohio Rev. Code 2108.75) Subject to divisions (C)(2) and (D)(2) of section 2108.70 of the Revised Code, if a person is disqualified from serving as the decedent's representative or successor representative, or from having the right of disposition for a deceased adult pursuant to section 2108.81 of the Revised Code, as described in division (A) of this section, the right is automatically reassigned to, and vests in, the next person who has the right pursuant to the decedent's written declaration or pursuant to the order of priority in section 2108.81 of the Revised Code.

As Authorizing Agent, I have completed Section 3 above. **I do know of another living person or persons who have a superior priority right to act as Authorizing Agent.** I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with the superior priority right would object to the cremation of the Decedent. OR

As Authorizing Agent, I have completed Section 3 above. **I do know of another living person or persons who has an equal right to act as Authorizing Agent** in the letter I selected above in section 3, and I certify that I have contacted them and (a) they have either declined to exercise the right of disposition; or (b)

**5. DISPOSITION OF CASKET OR ALTERNATIVE CONTAINER**

The crematory facility is hereby authorized to cremate the casket or alternative container in which the decedent was delivered to or accepted by the crematory facility, including any such container utilized by the crematory to hold the decedents remains prior to cremation. I understand that the crematory may remove or dispose of any materials at its discretion to avoid unwanted smoke, including but not limited toa casket, container, and/or blanket material which it deems not appropriate for cremation with the remains. The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of the crematory and funeral home personnel. The Crematory is authorized to inspect the casket or alternative container including opening it if necessary. Many caskets that are comprised primarily of combustible material also contain parts that are not and may cause damage to the cremation equipment. As Authorizing Agent, I authorize the crematory in its discretion to remove and discard the non-combustible materials. I fully understand that the container will not be returned due to being cremated.

|  |  |
| --- | --- |
| \_\_\_\_\_\_  (Initials)  \_\_\_\_\_\_  (Initials)  \_\_\_\_\_\_  (Initials)  \_\_\_\_\_\_  (Initials)  \_\_\_\_\_\_  (Initials)  \_\_\_\_\_\_\_  (Initials)  \_\_\_\_\_\_\_\_  (Initials)  \_\_\_\_\_\_\_ | **6. NOTICE OF PACEMAKERS, DEFIBRILLATOR, IMPLANTS, AND PROSTHESES**  I have no knowledge of the decedent having a pacemaker, defibrillator, or any other mechanical or radioactive device or other implant that poses a health and safety of the personnel performing the cremation.  As Authorizing Agent, I have knowledge that the decedent has a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ device/implant and I authorize the funeral home to remove each device and/or implant to facilitate the cremation, and to charge for its services in making or arranging for such removal. Unless indicated here, the funeral home may dispose of all such implants/devices at its discretion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **7.INDIVIDUAL OR MULTIPLE CREMATION**  As Authorizing Agent, I direct that the decedent’s remains shall be individually cremated within the cremation chamber.  As Authorizing Agent, I authorize the simultaneous cremation of the remains of the decedent with the decedent named below. I certify that this multiple (Initials) cremation meets the legal requirements set forth in Ohio Rev. Code 4717.24(A)(7) – the other decedent must be related by consanguinity or affinity or cohabited with the decedent within one-year prior to the decedent’s death.  Name of Other Decedent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **WITNESS(ES) FOR CREMATION**   The Authorizing Agent chooses that there be No witnessing of the cremation.  The Authorizing Agent has read section B in the Terms and Descriptions section of this authorization. As Authorizing Agent, I assume full responsibility and agree to indemnify Kennedy Life Celebration Services LLC and the Crematory and hereby have decided that the following person(s) may be present immediately before and during the start of cremation process or duration.  List of Witnesses.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE**  As Authorizing Agent, I authorize the crematory facility to cremate the decedent and process the cremated remains as is the practice of the crematory facility performing the cremation; this includes mechanically processing bone matter to fine powder. I understand that as a normal part of cremation not all cremated remains are recoverable from the cremation chamber or during final processing, and other trace amounts of residual ash may commingle with the decedent’s cremated remains either during the cremation or as a part of the processing of the cremated remains. I have read and understand the description of the cremation process contained in Section A under the TERMS & DESCRIPTIONS heading, and authorize the cremation, processing and pulverization of the remains of the Decedent. I further authorize the Funeral Home or its agent(s) to deliver the decedent's remains to the crematory for the purpose of the cremation.  **10. AUTHORIZATION TO SEPARATE AND REMOVE FOREIGN MATTER**  As an Authorizing Agent, I understand the practice of the crematory facility is to return the decedent’s cremated remains in powder form following cremation. |
| (Initials) To facilitate the processing of the cremated remains the crematory facility may exercise its discretion to separate foreign matter including but not limited to: metal buttons, joint implants, and other material which may damage and/or interfere with the final processing of the cremated remains. All foreign and unnatural material separated from the cremated remains may be commingled by the crematory facility in a cooling container for further and final disposition at its discretion. 11. URN Standard temporary container provided by Crematory.  Urn selected by Authorizing Agent. *Description of urn\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  : The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home for release.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deliver or release to:  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In the event the cremated remains are not returned to the Funeral Home, the Crematory shall deliver the cremated remains ofthe Decedent for disposition as follows:  Deliver to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which arrangements have already been made.  Mail (USPS PRIORITY EXPRESS MAIL ONLY) *Effective December 26, 2013, the Postal Service is revising Mailing Standards of the United States Postal*  *Service, Domestic Mail Manual (DMM) 601.12 to require mailers to use only Priority Mail Express service when shipping cremated remains. The Postal Service will no longer authorize cremated remains to be sent using Registered Mail service. Although these revisions will not be published in the DMM until January 26, 2014, these standards are effective immediately.*  The delivery proposed above, may be executed by the crematory facility only by personal delivery or delivery through U.S. mail. The failure of the selected option above to occur for the delivery of the final cremated remains may be made by the crematory facility upon arrangements made with the authorizing agent. In that event, if the Authorizing Agent fails or refuses to pick up cremated remains or cause them to be picked up within sixty days after completion of the cremation, the crematory facility may dispose of the cremated remains pursuant to Ohio Rev. Code 4717.27(C). 12. PERSONAL PROPERTY All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below. The Authorizing Agent believes that the following Personal Property was delivered to Crematory Facility and should be returned to the Authorizing Agent and/or the Funeral Home that delivered the body to the Crematory Facility: Please list items Here:  If no items were listed by the Authorizing Agent, all personal property of the decedent delivered with the body may be disposed of and/or cremated by the Crematory Facility. Regarding any personal item that the Authorizing Agent requests to be returned, the Crematory Facility at its discretion may request that the Authorizing Agent at his or her expense undertake the removal and/or recovery of the personal property sought to be removed from Decedent or within the Decedent’s body. | |

## 13.VISITATION/VIEWING AND/OR FUNERAL CEREMONIES BEFORE CREMATION WITH THE BODY PRESENT

**Before cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a visitation/viewing and/or funeral ceremony on;**

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Ceremonies:

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Ceremonies:

## 14. SCHEDULING OF CREMATION

As indicated in the completed Non-provisional Death Certificate, (Step 1) the cremation of the Decedent's remains cannot take place until 24 hours have elapsed from the time of death. (Step 2) A completed Ohio Death Certificate must be completed by the assigned physician or county coroner. (Step 3) The Ohio death certificate must be filed and accepted by the Vital Statistics Office in the county of death. (Step 4) Upon filing the Ohio Death Certificate, the State of Ohio will generate a Cremation Permit to the Crematory Facility to approve the disposition. This Ohio Cremation Authorization form must also be completed to coincide with step 4. Ohio Rev. Code 4717.23. The average time duration for a completed cremation, as described above, may range from 4-10 business days [ in-county vs out-of-county deaths. If the remains are not embalmed and if the cremation is not to occur within eight hours of the delivery of the remains to the Crematory, the Crematory will place the remains in a refrigerated facility; a daily refrigeration charge may apply. *Ohio Rev. Code 4717.13(10)*

**Embalming**

are to be embalmedDecedent's remains: **OR** are not to be embalmed use refrigeration. *Ohio Rev. 4717.13(10)*

**Cremation**

The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without any further (initials) notification to the Authorizing Agent.

The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

*Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Time*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 15. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent is fully aware that the Funeral Home and Crematory are relying upon the truth of the information being given by the Authorizing Agent in this authorization. The Authorizing Agent hereby certifies that all the information and statements contained in this Authorization are true and accurate and no omissions of any material fact have been made. The Authorizing Agent holds harmless KENNEDY LIFE CELEBRATION SERVICES FUNERAL HOME and the Crematory, and agree to fully indemnify and release KENNEDY LIFE CELEBRATION SERVICES FUNERAL HOME, the 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 or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization, to the full extent of any, and all applicable, statutory immunity provided in Ohio Rev. Code 4717.30.

**Executed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.**

**Signature of Authorizing Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FUNERAL HOME CERTIFICATION OF IDENTITY UPON TRANSFER OF DECEDENT'S REMAINS TO CREMATORY FACILITY**

The Funeral Home certifies that the remains being transferred to the Crematory Facility's custody have been previously identified in accordance with the requirements of Section 4717.24(B) of the Ohio Revised Code.

**REPRESENTATIVE OF KENNEDY LIFE CELEBRATION SERVICES FUNERAL HOME.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# TERMS & DESCRIPTIONS

## A. THE CREMATION PROCESS

The cremation of the Decedent's body may take place before or after ceremonies to memorialize the Decedent. It is carried out by placing the body in an alternative container or casket, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. Through the process the container and its contents are incinerated and everything is consumed except bone fragments and metal (including dental gold and silver and other non-human materials) During the cremation process, any valuables or personal property such as but not limited to, dental gold or jewelry, that are left with the remains and not removed from the casket or container prior to cremation will be destroyed and will be disposed of by the Crematory after the cremation process. The Authorizing Agent is fully aware that arrangements must be made with the Funeral Home to remove any valuables or possessions before the body is transported to the Crematory Facility. Charges may apply due to changes in logistics and breaking of schedule. After the cremated remains have cooled, they are swept from the retort chamber. It is impossible to remove all the cremated remains simply because some dust and other residue from the process will be left behind. Every effort will be made to avoid commingling and the Authorizing Agent fully understands that commingling of minute particles of cremated remains from the residues of previous cremations is a possibility and accepts this fact. After the cremated remains are removed from the retort chamber and the bone fragments have been separated from the other material, they will be pulverized and then be placed into a designated container.

## B. WITNESSES

Witnessing a cremation is a different experience for each individual and it can be very emotional and traumatizing. Witnesses agree to assume the risks involved and hold harmless the Funeral Home and Crematory and release them from any liability. Under the Crematory's direction, the persons listed in the authorization are authorized to be present at the Crematory Facility before, during the cremation, and during the removal of the cremated remains from the retort chamber. If you desire witnesses, you must initial #8 on the reverse side and list their names. Additional charges will apply for a scheduled service at the Crematory Facility

### C. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed in the authorization, or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. It is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction of the authorizing agent; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in Section 12. on the authorization.

### D. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set in this authorization to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Funeral Home utilize the U.S. Postal Service’s Priority Mail Express Service with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory shall hold the cremated remains for thirty (30) days after cremation. If during that thirty (30) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory will return the cremated remains to the Funeral Home or the Authorizing Agent at the address listed in Section #3.

In the alternative, if no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Funeral Home immediately upon receipt of an invoice.