

CREMATION AUTHORIZATION
American Cremation Society

2313 E. Edison Rd. South Bend, IN 46615 574.232.1411

As Authorizing Agent, I, or we, do hereby authorize American Cremation Society to Cremate the Remains of:

(Name of Deceased)

(Last Residence: city, state)

(Time and Date of Death)

Acting under Indiana Code 23-14-31-27, the **Authorizing Agent** hereby certifies:

- 1) He/She has the **right to authorize the cremation** of the decedent and **no person has a superior right except:** _____.
- 2) In the event there exists an individual having a superior right to execute this form, the **Authorizing Agent certifies** that all responsible attempts have been made to contact the person(s), but has not been able to make contact, and believes that **such person(s) does not/would not object to cremation.**
- 3) *American Cremation Society* is hereby given permission to cremate the decedents' remains by fire. Cremation may occur at any time after 48 hours after the descendant's time of death, however it often takes longer because of paperwork and/or time restrictions if there are many in line to be cremated. **NORMALLY, the ashes will be ready in 5-7 business days (but not always) for us to return to the funeral director or family. DO NOT PLAN or announce in the newspaper any services or burial with the ashes needing to be there until you have the ashes in your possession.**
- 4) The decedent's **remains do _____ do not _____ contain a pacemaker/defibrillator, or other material or implant or radiation producing device nor any life sustaining device that could be explosive,** or that might be potentially dangerous to the cremation chamber, or any persons attending the cremation. If such device exists, I have instructed the Funeral Director to remove it before cremation. I also agree that in the event of my failure to notify the Funeral Director responsible for the removal of such a device I will be liable for any damages to the crematorium or personnel.
- 5) I understand that after cremation some **bone fragments remain which will be reduced in size** before being placed in the urn/box. The urn/box provided by/to *American Cremation Society* if not sufficient in size for all cremated remains, *American Cremation Society* is hereby authorized to **return any excess cremains/ashes in a temporary container urn (cardboard box) or plastic bag in** addition to the urn/box.
- 6) The funeral director/funeral home listed below is authorized to receive the cremated remains on behalf of the authorizing agent.
- 7) Final disposition of the cremated remains will be: Inurnment _____, Scattering _____, Interment in grave or niche at a cemetery _____, Returned to family representative NAME _____ other _____. If authorizing agent does not specify the means of final disposition, and fails to indicate return of the remains to the authorizing agent the remains may be held by the *American Cremation Society* for not longer than 30-days after the cremation at which time they will be returned to the Funeral Director/Funeral Home listed below, who is required to **hold them for not more than 50-days from the date of cremation prior to disposing of them as previously authorized or in any lawful manner including scattering.**
- 8) The Authorizing Agent understands that the crematory may not sell non-organic material (metals) discovered by the decedent's remains but is hereby authorized to dispose of said materials.
- 9) The Authorizing Agent has previously made specific arrangements for **viewing the decedent prior to cremation** or for a service with the decedent present prior to cremation or has refused the opportunity to do so.
- 10) The Authorizing Agent states the **death was _____, was not _____, due to Infectious or contagious disease.** I understand and agree that if I don't notify *American Cremation Society* about the death by *infectious or contagious disease*, I will be liable for and indemnify and hold harmless *American Cremation Society* from any and all damages, injuries, losses, cost and expenses, including attorney's fees, incurred or suffered by *American Cremation Society*, their personnel, and/or any third party as a result of my failure to notify them.
- 11) All **personal property and effects** delivered with the remains of the Decedent to the Crematory including **jewelry, clothes, dental work, eyeglasses, etc,** will be destroyed in the cremation process unless specific written instructions for removal and delivery are given to *American Cremation Society/Funeral Home* in advance of cremation. If no specific instructions are given, I/We release the Funeral Home and Crematory and employees from any and all liability dealing with these items. **The crematory/funeral home does not remove dental work.**
- 12) The Undersigned, as **Authorizing Agent, assumes ALL responsibility** for the final disposition/cremation of the cremated remains of the decedent and certifies to the truth and accuracy of all information set forth on the **Cremation Authorization.**
- 13) A **faxed or scan copy** of this form will be considered the **same as the original copy** of this document.

I affirm under the penalties of perjury that the information set forth above on the Cremation Authorization is **true and correct** and the cremation may proceed as authorized.

Authorizing Agent: _____

PRINT Name and Relationship to the Deceased

Address, City, State & Zip

Phone Number

X

AUTHORIZING AGENT'S SIGNATURE

Signed this _____ day of _____, 2_____

FUNERAL DIRECTOR CERTIFICATION

The undersigned, a licensed Funeral Director or authorized representative of the **Funeral Home** does hereby certify that the Authorizing Agent who signed the Cremation Authorization on the date indicated, as we were informed by the Authorizing Agent.

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