

LAKESIDE SIMPLE CREMATION

Service No. _____

Disc No. _____

Date _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

Lakeside Simple Cremation (Collectively referred to as "Crematory" or "Funeral Home") requires that this Authorization Form be completed and signed prior to the cremation. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** It is important that you understand the cremation process that is described in Section 4.B. 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 other questions that you may have.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

1. DECEDENT'S INFORMATION

A. IDENTIFICATION (ORC 4717.26 requires that the operator of a crematory facility shall establish and maintain a system accurately identifying each dead human body in the facility's possession, and for identifying each decedent throughout all phases of the cremation process.)

Name of Decedent: _____ Date of Death: _____ Time: _____
Place of Death: _____ Sex: M F Age: _____ DOB: _____ SS: _____ - -

(Initials) The Authorizing Agent _____ has or _____ will view the remains and positively identify them as that of the Decedent; if will, then see **attached Cremation Identification Witness and/or Schedule Acknowledgement Form; OR**

(Initials) The Personal Representative (i.e. family friend) NAME: _____ of the Authorizing Agent _____ has or _____ will view the Decedent and positively identify them as that of the Decedent; if will, then see **attached Cremation Identification Witness and/or Schedule Acknowledgement Form; OR**

(Initials) The Authorizing Agent has authorized the Funeral Home to photograph the Decedent and the Authorizing Agent or their Personal Representative (i.e. family friend) NAME: _____ have positively identified the photo and signed the photograph or an on-line verification form as that of the Decedent, see **attached Authorization to Photograph Decedent for Visual Identification; OR**

(Initials) The Authorizing Agent has DECLINED or is UNABLE to view the Decedent BUT has positively identified them as that of the Decedent through other methods, see **attached Confirmation of Identification Without A Viewing.**

B. ARTIFICIAL DEVICES

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any Artificial Devices implanted in or attached to Decedent or identify if the Decedent was treated with any Radioactive Materials. Description of Devices: _____

(Initials) The Decedent does not have attached, in, or on them any of the Devices described in Section 1.B. on the reverse side; **OR**

(Initials) As Authorizing Agent, I/we instruct the Funeral Home to remove each Device listed above and may charge for its services in making or arranging for such removal. Unless indicated directly below, Crematory is to dispose of all such Devices in any manner it sees fit including recycling, and at any time, however Funeral Home and Crematory shall not sell any devices or foreign material from Cremation

C. 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 are given. If no specific instructions are given, I/we release the Funeral Home from liability for these items.

(initials) As Authorizing Agent, I/we understand that all instructions regarding the delivery or destruction of the Decedent's personal effects are contained in a separate form, see **attached Clothing and Personal Effects Form.**

D. RECYCLING

After the cremated remains are removed from the cremation chamber, all non-combustible metal materials (insofar as possible) will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory shall dispose of and/or recycle any non-combustible metallic items including but not limited to hinges, latches, nails, screws, staples, plates, metal prosthesis, implants, or any other non-organic materials. The Crematory will not receive direct compensation for the recycled items, but donates the compensation to a charity of its choice.

(initials) As Authorizing Agent, I/we have read and understand the Recycling terms and provisions and hereby authorize the disposition of any and all non-organic materials.

2. CREMATION CONTAINER AND URN

A. CREMATION CONTAINER

Ohio Law, requires the remains of Decedent to be in a suitable container for cremation. The Crematory requires a combustible cremation container. If the Crematory accepts a non-combustible container, then the Crematory is authorized to dispose of the container in any way it sees fit.

Type of Container Selected: _____

B. URN

A formal or decorative urn to hold the cremated remains may be purchased but is not required. If an urn is not purchased, the cremated remains must be delivered in a rigid container.

- Urn selected by Authorizing Agent. Description of urn: _____
- Standard temporary shipping container provided by Crematory.
- Memorialization / Keepsakes. Description: _____

1. B. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicon 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 in Section 1.B. on the reverse side all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

2. A. CASKET OR ALTERNATIVE CONTAINER

The Decedent is 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 Crematory personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Funeral Home will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that 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 understand that the Crematory will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

2. B. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed on reverse side or, if an urn is not provided to the Crematory, the cremated remains will be returned in a temporary container provided by the Crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing.

In the case of an adult, 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 of 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 set forth in Section 5; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in Section 2.B. on the reverse side.

3. MULTIPLE CREMATIONS, WITNESS, SERVICE, AND TIME

A. MULTIPLE CREMATIONS

(Initials) As Authorizing Agent, I/we authorize the simultaneous cremation of the remains of the Decedent with the decedent named below. I/we certify that this multiple cremation meets the legal requirements set forth on the reverse side.
Name of Other Decedent: _____

B. WITNESSES

The Crematory allows witnessing of the initial cremation process. As authorizing agent I allow:

(Initials) Yes witnesses (see attached **Cremation Identification Witness and/or Schedule Acknowledgement Form**); **OR**

(Initials) No witnesses

C. SERVICES

Prior to the cremation of the Decedent, a visitation and/or funeral ceremony, **with the body present**, was arranged as set forth below:

Date(s): _____ Time(s) _____ Place of Ceremonies: _____

(Initials) Prior to the cremation **OR** _____ After the cremation of the Decedent, a memorial ceremony was arranged as set forth below:

Date(s): _____ Time(s) _____ Place of Ceremonies: _____ Urn Present _____ YES _____ NO

D. TIME

The cremation of the Decedent cannot take place until all legal requirements including a waiting period have been fulfilled. If the Decedent is not embalmed and if the cremation is not to occur immediately upon delivery of the remains to the Crematory, the Crematory will place the Decedent in a refrigerated facility for which there may be a daily charge.

Decedent: embalmed. not to be embalmed.

Please initial one of the following:

(initials) The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule see attached **Cremation Identification Witness and/or Schedule Acknowledgement Form**.

OR

(initials) The Crematory will attempt to call designated person NAME: _____ at NUMBER: _____ prior to performing the cremation of the Decedent (If the designated person cannot be reached within 48 hours, the Crematory may proceed with the cremation.)

OR

(initials) The Crematory may perform the cremation of the Decedent at a time and date as its work schedule permits .

4. AUTHORIZATION

A. AGENT (ORC 2108.81 (see reverse) sets forth the listing of who has priority and authorization and sets forth the requirement of proper authorization)

As Authorizing Agent, I/We represent that I/We have the right to authorize the cremation of the Decedent and warrant:

(Initials) As Authorizing Agent, I/we have filled in Section 4.A. I/We understand that any living person who meets the qualifications of any level above or equal to the one I/we filled in would have a **superior or equal** right to act as the Authorizing Agent I/We 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; **OR**

(Initials) As Authorizing Agent, I/we have filled in Section 4.A. I/We are aware of a living person or persons who have a **superior or equal** priority right to act as Authorizing Agent. I/We have made reasonable efforts to contact such person(s) and have been unable to do so. I/We have no reason to believe that the person(s) with the **superior or equal** priority right would object to the cremation of the Decedent.

Name of Authorizing Agent	Address	Telephone	Relationship*

*Choose from selection in 4.A on reverse side.

B. CREMATION PROCESS

(Initials) As Authorizing Agent, I/we have read and understand the description of the cremation process contained in Section 4.B. on the reverse side and authorize the cremation, processing and pulverization of the remains of the Decedent. I/we further authorize the Funeral Home to deliver the Decedent to the Crematory for the purpose of the cremation.

3. A. MULTIPLE CREMATION

Under Ohio law, the remains of more than one decedent may not be simultaneously cremated in the same cremation chamber unless the decedents to be cremated were related or were, anytime during the one-year period preceding their deaths, living in a common law marital relationship or cohabitating. Unless authorized on the reverse side, the Decedent's remains shall be individually cremated. If you desire a multiple cremation, initial Section 3.A on the reverse side.

3. B. WITNESSES

The Crematory allows witnessing of the initial cremation process. Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed on the attached Cremation Witness Acknowledgment are authorized to be present at the cremation room or holding room prior to and during the cremation of the Decedent and during the removal of the cremated remains from the cremation chamber. If you desire witnesses, you must initial Section 3.B. on the reverse side, and complete the Cremation Witness Acknowledgment by listing the witness names, and having all witnesses sign the Acknowledgment.

4. A. IDENTIFICATION OF AUTHORIZING AGENT

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows:

- (a) The representative appointed by the Decedent to have the right of disposition.
- (b) The deceased person's surviving spouse;
- (c) The sole surviving child of the deceased person or, if there is more than one surviving child, all of the surviving children, collectively.
- (d) The deceased person's surviving parent or parents;
- (e) The deceased person's surviving sibling, whether of the whole or of the half blood or, if there is more than one sibling of the whole or of the half blood, all of the surviving siblings, collectively;
- (f) The deceased person's surviving grandparent or grandparents;
- (g) The lineal descendants of the Decedent's grandparents.
- (h) The person who was the deceased person's guardian at the time of the deceased person's death, if a guardian had been appointed.
- (i) 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.

4. B. THE CREMATION PROCESS

The cremation of the Decedent may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent 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 unless noted otherwise in Section 3.A. During the cremation process, it may be necessary to open the cremation chamber and reposition 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 non-organic materials including 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 Decedent and 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, 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 miniscule particles of cremated remains from the residues of previous cremations is possible. 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 nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection so that only human bone fragments will remain. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, including recycling, and at any time, however the Funeral Home and the Crematory shall not sell or profit from any devices or foreign material from Cremation.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, 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 as human remains, will then be placed into a designated container.

5. FINAL DISPOSITION

Authorizing Agent chooses the following method(s) of final disposition of the cremated remains (multiple selections allowed):

(Initials) _____

- Inurnment _____
- Return to Designated Agent (see name(s) listed below)
- US Postal Service (see name(s) listed below and mailing requirements in Sec.5 on reverse side)
- Scattering _____
- Other _____

The cremated remains will be held by Location for pick-up, and Location is authorized to release/mail the cremated remains to name and address identified and listed below *see attached Receipt of Cremated Remains Form:*

(Initials) _____

Name (Designee): _____ Relationship: _____

Address: _____

Name (Designee): _____ Relationship: _____

Address: _____

Name (Designee): _____ Relationship: _____

Address: _____

6. CERTIFICATION AND INDEMNIFICATION

I/We have the right and hereby authorize the cremation of the Decedent and the disposition of the cremated remains pursuant to the regulations of the Crematory and the instructions on this form. I/We agree to release and indemnify Lakeside Simple Cremation Services, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from its reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We release Lakeside Simple Cremation Services from liability for the cremated remains upon delivery to a reputable common carrier. I/We agree that the Funeral Home's or Crematory's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid by me/us. I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by Lakeside Simple Cremation Services. I/We have read and understood all pages of this document.

This authorization for cremation and disposition was executed at _____, this _____ day of _____, 20_____.

Signature of Authorizing Agent: _____ Name: _____

Signature of Authorizing Agent: _____ Name: _____

Signature of Authorizing Agent: _____ Name: _____

Signature of Authorizing Agent: _____ Name: _____

Signature of Authorizing Agent: _____ Name: _____

Signature of Authorizing Agent: _____ Name: _____

Witness*: _____ Name: _____

*If a Funeral Director witnesses the execution of this Authorization by the Authorizing Agent, the Funeral Director verifies, based on the representations of the Authorizing Agent(s) listed in Section 4, that the Decedent being transferred to the custody of the Crematory are those of the Decedent identified in Section 1, and represents that a Burial Permit, Burial Transit Permit or Cremation Permit authorizing the cremation of the Decedent will be delivered to Crematory.

7. FUNERAL HOME AND CREMATORY

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: _____ Address: _____

Name of Crematory: _____ Address: _____

8. CERTIFICATE BY FUNERAL HOME UPON TRANSFER OF DECEDENT'S REMAINS TO CREMATORY

The Funeral Home certifies that the remains being transferred to the custody of the Crematory are those of the Decedent identified in Section 1 hereof and that the Funeral Home, based upon the representations of the Authorizing Agent in Section 4 hereof, has taken reasonable precautions to ensure the removal of any Device listed in Section 1.B. from the Decedent or to render such Device non-hazardous. The Funeral Home also certifies that any items listed in Section 1.C. hereof have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

FUNERAL HOME

Date: _____

By: _____

5. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Funeral Home to undertake the actions set forth on the reverse side 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 Funeral Home utilize U.S. mail, Priority Express, or any other legally acceptable means of 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. FUNERAL HOME AND CREMATORY ARE NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE OF CREMATED REMAINS SHIPPED VIA PRIORITY EXPRESS WITH THE UNITED STATES POSTAL SERVICE.

If no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation or 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 the Authorizing Agent or a party identified in Section 5, other than the Funeral Home or the Crematory, then the Funeral Home may dispose of the cremated remains by mailing the cremated remains pursuant to the procedure set forth above, in a grave, crypt or niche. The Authorizing Agent may be liable for the cost of such final disposition and shall reimburse Busch Funeral and Crematory Services immediately upon receipt of an invoice.