AFFIDAVIT OF DECLARATION

STAT	E OF Ohio)
COU) SS: NTY OF)
I,	("Undersigned"), being first duly sworn, depose and say that:
1)	I am over 18 and competent to testify to the matters contained in this Affidavit.
2)	I am the of ("Decedent"), who died on Relationship Name Decedent Date
	Relationship Name Decedent Date
3)	This Affidavit is given as an inducement for Busch Funeral and Crematory Services to cremate the remains of the Decedent.
4)	Busch Funeral and Crematory Services by and throughadvised me to contact any Funeral Directors Name
	Funeral Directors Name and all living family members as defined by Ohio Revised Code, Section 2108 prior to signing this Affidavit and the Cremation Authorization Form.
5)	Prior to signing this Affidavit and the Cremation Authorization Form, I made various attempts to locate any and all living family members as defined by Ohio Revised Code, Section 2108, including various Internet searches (Facebook, MySpace, and People Finder).
6)	To the best of my knowledge the Decedent is survived by myself and,;
	To the best of my knowledge the Decedent is survived by myself and,; Relationship, Name Of Other Relative however, after exhausting all reasonable efforts, the location and availability of is Name Of Other Relative
	unknown, and to the best of my knowledge has not had contact with any family for over
	unknown, and to the best of my knowledge has not had contact with any family for over, Time Frame If Known
	and therefore is unable to sign the necessary authorization forms.
7)	I understand that anyone in the same class as me has the right to direct the disposition, including cremation, of the Decedent.
8)	I am not aware of any living family members as defined by Ohio Revised Code, Section 2108 that oppose cremation as a method of disposition for the Decedent.
9)	I agree to indemnify, hold harmless and defend Busch Funeral and Crematory Services (including its employees, principals, agents, insurers, subsidiaries, parent corporations, successors and assigns), from all claims, demands, actions, attorneys' fees, or other expenses arising because of their reliance on the statements made in this affidavit for the cremation of the Decedent.
10)	This Affidavit, to the best of my knowledge, is true and accurate.

(Affiants signature)

STATE OF Ohio COUNTY OF

Before me, a Notary Public in and for said County and State, personally appeared ______ who executed this document and is known by me personally or provided her/his identification by presenting to me a copy of his/her driver's license or other identification (copy attached hereto) on the _____ day of _____, 2012.

) SS:

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My Commission expires:

Notary Public