

**COLONIAL FUNERAL HOME, INC.**  
**AUTHORIZATION FOR CREMATION AND DISPOSITION**

The undersigned authorizes Colonial Funeral Home, Inc. 591 Ridgeview Drive McHenry, IL 60050 to arrange for the cremation of the body of

\_\_\_\_\_ (Deceased), who passed away on \_\_\_\_\_ (Date and Time of Death)

I (we) represent that I (we) are of the same and nearest degree of relationship to the deceased and/or legally authorized or charged with the responsibility for this disposition.

To allow the Funeral Home to cremate, process and dispose of the Deceased's remains, I the undersigned, hereby certify, warrant, represent and acknowledge (by initialing items 1-7 below) that:

1. \_\_\_\_\_ I do not have knowledge of any living person who has a superior right to authorize cremation or I have made reasonable efforts to contact such but have been unable to do so and I have no reasons to believe such person would object to the cremation.
2. \_\_\_\_\_ I have read and understood the crematory requirements, procedures and policies contained on the backside of this contract.
3. \_\_\_\_\_ I have identified the human remains that were delivered to the Funeral Home. Otherwise, I have waived my right to identify the human remains at the Funeral Home.
4. \_\_\_\_\_ I understand that if I wish to remove any items from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process.
5. \_\_\_\_\_ I give permission for the funeral home or its duly authorized agent to remove and dispose of any pacemaker, silicon, implanted mechanical or radioactive devices.
6. \_\_\_\_\_ I UNDERSTAND THAT IN THE EVENT THE CREMAINS REMAIN UNCLAIMED FOR A PERIOD OF 30 DAYS, THE FUNERAL HOME SHALL GIVE WRITTEN NOTICE BY CERTIFIED MAIL. I AGREE THAT IN THE EVENT THE CREMAINS REMAIN UNCLAIMED AFTER A PERIOD OF 60 DAYS THE FUNERAL HOME IS AUTHORIZED AND DIRECTED TO DISPOSE OF THE UNCLAIMED CREMAINS IN ANY LAWFUL MANNER.
7. \_\_\_\_\_ The crematory is authorized to perform the cremation upon receipt of the human remains at its discretion and according to its own time schedule, as work permits, without obtaining any further authorization.

**DISCLOSURES**

List items of value delivered with the remains and instructions for handling: \_\_\_\_\_

The Deceased has the following implanted mechanical or radioactive devices and/or prosthetic devices: \_\_\_\_\_

Did the Deceased have a disease declared by the Dept. of Health to be infectious, communicable or dangerous to public health?

\_\_\_\_\_ Yes \_\_\_\_\_ No If YES, explain \_\_\_\_\_

**ORDER OF FINAL DISPOSITION**

I understand that services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. **I hereby authorize the Funeral Home to Arrange for the final disposition of the cremated remains of the Deceased as follows:**

Deliver to: \_\_\_\_\_ Cemetery

Release to family member: \_\_\_\_\_

Ship via: \_\_\_\_\_

To: Name \_\_\_\_\_ Address \_\_\_\_\_

Other: \_\_\_\_\_

**SIGNATURE AND INDEMNITY**

(If the legal next of kin is not signing below, a written statement of explanation must be completed by the person signing below)

I declare under penalty of perjury that the foregoing information is true and correct and that I make this statement to allow the Funeral Home and Crematory to cremate or cause to be cremated the remains of the Deceased. I agree to hold harmless, indemnify and defend the Funeral Home and Crematory against claims, liabilities, damages, costs, or expenses, including attorney fees, which may result from this Authorization and order, including without limitation claims that arise from or relate to shipping, identity, kinship, explosive or harmful implant, infectious disease or persons claiming rights to control disposition of Deceased's remains.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**FUNERAL DIRECTOR AT-NEED USE ONLY:** I certify that our Funeral Home was responsible for making the arrangements with the Authorizing Agent(s), reviewed this form with the Authorizing Agent(s) and witnessed the above signature(s) of the Authorizing Agent(s) for the cremation of the Decedent. To the best of my knowledge, the above information is true and correct. The human remains delivered to the crematory and represented as the human remains specified on this form are the human remains that were identified to our Funeral Home as the Decedent and all viewing and services to be conducted with the body present prior to cremation have been held and the Crematory is free to proceed with the cremation upon receipt of these remains. Our Funeral Home has obtained all necessary permits authorizing the cremation of the Decedent and those permits are attached.

Funeral Director Signature \_\_\_\_\_ License Number \_\_\_\_\_

Funeral Home Name and Address Colonial Funeral Home, Inc. 591 Ridgeview Drive, McHenry, IL 60050

**ELECTION OF IRREVOCABILITY**

(For Illinois Pre-Need Services Only)

- ( ) I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors deem a change to be appropriate.
- ( ) I wish to allow only the survivors whom I have designated below the option of canceling my cremation and selecting alternative arrangements, if they deem a change to be appropriate.

CREMATION # \_\_\_\_\_

THIS SPACE FOR CREMATORY USE ONLY

CREMATION DATE \_\_\_\_\_

## **COLONIAL FUNERAL HOME, INC. POLICIES, PROCEDURES AND REQUIREMENTS**

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, polices, procedures and requirements

This document describes many of the policies and requirements of Colonial Funeral Home and is incorporated in our Cremation Authorization Form. We suggest you take the time to read this document carefully before executing the Cremation Authorization Form.

### **REQUIREMENTS FOR CREMATION**

Cremation will take place only after the following conditions have been met:

- 1) Any scheduled ceremonies or viewings have been completed
- 2) 24 hours has transpired since the death occurred in Illinois. 48 hours if death occurred in Wisconsin
- 3) Civil and medical authorities have issued all required permits
- 4) All necessary authorizations have been obtained and no objections have been raised

### **CASKETS / CONTAINERS**

The crematory does not cremate metal caskets. All wood caskets and alternative containers must meet the following standards:

- 1) Be composed of materials suitable for cremation
- 2) Be able to be closed to provide a complete covering for the human remains
- 3) Be resistant to leakage or spillage
- 4) Be sufficient for handling with ease
- 5) Be able to provide protection for the health and safety of crematory personnel

Any remains delivered in a metal or non-combustible casket shall be carefully removed and placed into a combustible alternative container specifically used for cremation. The metal casket will then be destroyed by crushing, rendering it unusable and unrecoverable.

Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g., decorative handles or rails that are not combustible and that may cause damage to the crematory equipment. The crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

### **PACEMAKERS, PROSTHESIS AND RADIOACTIVE DEVICES**

Pacemakers and prosthesis, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices must be removed prior to cremation. If the funeral home is not notified about such devices and implants and have not been instructed to remove them, the person(s) authorizing the cremation will be responsible for any damages caused to the crematory or the crematory personnel by such devices or implants.

### **THE CREMATION PROCESS**

All cremations are performed individually. Exceptions are only made in the case of close relatives and then only with the prior written instructions of the Authorizing Agent(s)

Cremation is performed by placing the deceased in a casket or other container and then placing that casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and nonhuman material) as the temperature is not sufficient to consume them. Following a cooling period, the cremated remains, which normally weigh several pounds in the case of an average size adult, are then swept or raked from the cremation chamber. Colonial Funeral Home makes a reasonable effort to remove all the cremated remains from the crematory chamber. It is impossible to remove all of them, as some dust and other residue from the process is always left behind. Every effort will be made to avoid commingling.

### **URNS / CONTAINERS**

After the cremated remains have processed, they will be placed in the designated urn or container. Colonial Funeral Home will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed into a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Cremation Authorization.

### **FINAL DISPOSITION**

Cremation is NOT final disposition, nor is placing the cremated remains in storage at a funeral home a final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and usually measure in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. Therefore, it is strongly suggested that arrangements for final disposition be made at the time the cremation arrangements are made.

If the option selected for the final disposition includes scattering, then the cremated remains will not be recoverable. If scattering is performed in a common scattering area, then the cremated remains may be commingled with particles of cremated remains that have been previously scattered.

### **LIMITATION OF LIABILITY**

The obligations of Colonial Funeral Home, Inc. shall be limited to the cremation of the decedent and to the disposition of the decedent's cremated remains as authorized on the Cremation Authorization Form. No Warranties Expressed or Implied and damages shall be limited to the amount of the cremation fee paid.