

CARE MEMORIAL CREMATION

8230 S. HARLEM AVENUE

BRIDGEVIEW, IL 60455

1-866-912-9822

Authorization for Cremation and Disposition

- A. The undersigned, Authorizing Agent(s), hereby authorize and request that
CARE MEMORIAL (The Funeral Home) 8230 S. HARLEM AVE, BRIDGEVIEW, IL 60455 and
CARE CREMATION CENTER (The Crematory) 515 ANDERSON DRIVE, SUITE 100-200 ROMEOVILLE, IL 60446
in accordance with and subject to Illinois rules and regulations, cremate, process and provide disposition of the human remains listed below.

Name of Decedent: _____ Date of Death: _____ Time: _____
Place of Death: _____ Sex: M F Age: _____ Date of Birth: _____

Right to Authorize

- B. As Authorizing Agent(s), I/We represent that I/We have the right to authorize the cremation and warrant that as Authorizing Agent(s), I/We understand that any living person who meets the qualifications of any level above the one I/we filled in below would have a superior right to act as the Authorizing Agent(s). I/We do not have actual knowledge of the existence of any living person who has a superior right to act as the Authorizing Agent(s) OR in the case of being aware of any living person with superior rights, all reasonable efforts to contact that person have been made without success and that the undersigned has no reason to believe that said person would object to the cremation of the deceased.

| Name of Authorizing Agent | Address | Telephone | Relationship* |
|---------------------------|---------|-----------|---------------|
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Witnessing & Viewing

- C. The Authorization Agent(s) understand(s) that the cremation will take place as soon as possible and:
_____ The Authorizing Agent(s) WAIVE(S) VIEWING AND IDENTIFICATION
_____ The Authorizing Agent(s), OR a personal representative, has viewed the remains and positively identified them as the Decedent; OR

Personal Property

- D. The Authorizing Agent(s) understands that all personal property delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, etc. will be destroyed during the cremation process and release crematory of liability OR
Items to be returned to Authorizing Agent(s): _____

Mechanical Devices

- E. 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.

_____ NO PACEMAKER, OTHER MATERIALS OR MEDICAL DEVICES

_____ As Authorizing Agent, I/ We authorize the removal and disposal of any medical devices listed below:

Release of Cremated Remains

- F. Cremated remains shall only be released, delivered, mailed (out of state), interred or disposed of (scattered) by CARE MEMORIAL in a dignified manner, in accordance with Illinois law, and with the express written consent of the Authorizing Agent(s). Instructions for release of cremated remains: _____

Public Health

- G. The Authorizing Agent(s) represent(s) that the death of the deceased did not occur as a result of a disease declared by the Illinois Department of Public Health to be infectious, contagious, communicable or dangerous to the public health.

Release of Liability

- H. The undersigned do hereby indemnify and release CARE MEMORIAL, LLC and CARE CREMATION CENTER, LLC and their employees and agents from any and all loss, damages and liabilities in connection with this authorization and all actions hereunder and specifically with respect to the misidentification of the decease, the removal of a pacemaker or any other materials and implants or the loss of personal property.

Warranty

- I. CARE MEMORIAL, LLC warrants to CARE CREMATION CENTER, LLC, that the human remains delivered to the crematory are, to best of their knowledge, the same as those identified herein.

Signatures and Notary

The Authorizing Agent(s) warrant(s) that all representations and statements contained in this form are true and correct. These statements are being relied upon by CARE MEMORIAL and CARE CREMATION CENTER. This is a legal document containing important provisions concerning cremation. Cremation is irreversible and final. I/We have read and understood all pages, paragraphs A-I, of this document.

This authorization for cremation was executed, subscribed and sworn before me this _____ day of _____, 20_____.

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

NOTARY PUBLIC

Witness: _____

MY COMMISSION EXPIRES _____