CREMATION AUTHORIZATION

The undersigned authorizing agent(s) hereby attest to the accuracy of the representations contained herein and represent and certify the identity of the remains of the deceased _____ who passed away at _____ _____.M. on _____. I / we hereby certify that I / we have the legal rights to authorize the cremation, handling, processing and disposition of the deceased's remains and that I / we are not aware of any living person who has superior right to serve as an authorizing agent. If there is another person who has superior right, all reasonable efforts have been made without success to locate them and that the undersigned has no reason to believe such person would object to the cremation.
The undersigned authorizes MARIN FAMILY FUNERAL HOME LLC (Funeral Home) to assume possession of the remains of the deceased and further authorizes the Funeral Home to handle, possess and arrange for cremation at HEIGHTS CREMATORY and disposition of such remains. Authorization is further given to the above crematory to cremate said remains.
The undersigned have / have not made arrangements for viewing or service to be conducted prior to the cremation and if so, such date of viewing or service is on _____ to be followed by cremation.
In the case of no viewing or service, cremation shall take place upon receipt of the remains by the crematory.
The following items of value, if any, shall be placed with the deceased's remains and shall be disposed of as follows:

_____.

The final disposition of the cremated remains shall be:

☑ Release to MARIN FAMILY FUNERAL HOME 2744 W. 51st STREET, CHICAGO, IL 60632

□ Ship to _____

□ Other _____

It is understood that unless arrangements have been made for the final disposition of the cremated remains, the Crematory may after 30 days, return the cremated remains to the authorizing agent, or if not possible, may after 60 days, at the expense of the authorizing agent, dispose of the cremated remains in a manner permitted by law.
The undersigned represents that the death of the decedent did / did not occur as a result of disease declared by the Illinois Department of Public Health to infectious, contagious, communicable or dangerous to public health. Type of disease if any: _____.
It is understood that cremation can not take place if a pacemaker or other material or implant is present in the deceased and it is hereby represented that such devices or material exists they are described as follows:

_____ and the Funeral Home is hereby authorized to remove and dispose of such devices or materials prior to cremation. _____ (intial)
Because of the possibility of damage to the retort the Crematory reserves the right to remove and destroy all handles, gloss furnishings, casket lids or any other items on the outside of caskets used for cremation.
The undersigned hereby indemnify and release the Crematory, Funeral Home and their employees and agents from any and all liability and damages in connection with this authorization and all actions taken hereunder and specifically with respect to the mis-identity of the deceased and the presence of pacemakers or other materials or implants.
The Funeral Home warrants that the human remains released to the Crematory are the same as those identified herein.

_____ / /

Signature of Authorizing Agent | Print Name | Relationship | Date

_____

Address | Telephone Number

_____ / /

Signature of Authorizing Agent | Print Name | Relationship | Date

_____

Address | Telephone Number

_____

Signature of Funeral Home Representative | Print Name | License Number

_____

NOTARY PUBLIC SECTION

Subscribed and sworn before me this
_____ day of _____, 20____ Affix Notary Seal Below

_____
Notary Public Signature

My Commission Expires _____