

Madison County Crematory

200 West 53rd Street, P.O. Box 2697
Anderson, IN 46018
(765) 649-5255 Fax (765) 649-5263

Cremation Number _____
Cremation Date _____

Cremation Authorization

I(We) the undersigned (the "Authorizing Agent(s)"), hereby request and authorize _____ (hereinafter referred to as "Funeral Home") and the **Madison County Crematory** (hereinafter referred to as "Crematory") to take possession of and make arrangements for the cremation of and the final disposition of the Decedent named below (the "Decedent") in accordance with and subject to the provisions set forth on the front and reverse sides of this document, and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

I (We) the undersigned authorize the cremation of **Name of Decedent** _____, **who died in city/state** _____ **at** _____ **am/pm, on the** _____ **day of** _____, **20** _____ **at the age of** _____ and certifies and represents that he or she has the right to authorize the cremation of the "Decedent", and is not aware of any persons who has a superior priority right to that of the authorizing agent; or if the authorizing agent is aware that there is another person who has a superior priority right to that of the authorizing agent, the authorizing agent has made all reasonable efforts to contact the person, and has no reason to believe that person would object to the cremation of the "Decedent", and AGREES TO HOLD THE MADISON COUNTY CREMATORY, ITS AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS, HARMLESS, from any liability on account of said authorization and cremation.

I understand that due to the nature of the cremation process any valuable material, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I understand that cremated remains are bone fragments, which will be reduced in size and placed in an urn. In the event the capacity of the urn selected is less than the amount of the cremated remains, Crematory is hereby authorized to return said excess cremated remains in a temporary container.

I understand the Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the "Authorizing Agent" understands and accepts this fact.

No cremation shall take place until which time that any scheduled ceremonies or viewing has been completed, 48 hours have elapsed after the time of death (as indicated on the medical certificate of death or the coroner's certificate) and after a written authority signed by the proper relative or legal representative of the deceased has been given to the Crematory with the permit from the Board of Health.

I further state that the deceased _____ has _____ has not had a heart pacemaker, radiation producing device, or any other life sustaining device implanted that could be explosive. If such a device exists, I have instructed the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such a device I will be liable for any damages to the Crematory or injury to Crematory personnel.

I further state the death _____ was _____ was not due to infectious or contagious disease. I understand and agree that if I do not notify the Crematory about the death by infectious or contagious disease, that I will be **LIABLE FOR** and **INDEMNIFY AND HOLD HARMLESS** the Crematory from any and all damages, injuries, losses, cost and expenses, including attorney's fees, incurred or suffered by the Crematory, Crematory personnel, and/or any third party as a result of my failure to notify.

It is further understood that cremation is NOT the final disposition, nor is placing the cremated remains in storage at a funeral home final disposition. The final disposition of the cremated remains will be _____, and it is understood that under the laws of the State of Indiana, if the person responsible for the remains of the decedent who authorizes the cremation of the remains of the decedent does not claim the remains within thirty (30) days after the cremation, the Madison County Crematory, its agents, employees, successors and assigns, may, without liability, dispose of the remains in compliance with Indiana law.

INDEMNITY

I (We) declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Funeral Home and Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Funeral Home and Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of the remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

SIGNATURE OF AUTHORIZING AGENT

This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final.

I(We) the undersigned, hereby certify that I am the closest living next of kin of the Decedent or that I otherwise serve in the capacity of _____ to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that the undersigned have read and understand the provisions contained on the front and back of this document.

Signature of Next of Kin _____ Signature of Next of Kin _____
Address _____ Address _____

Signature of Next of Kin _____ Signature of Next of Kin _____
Address _____ Address _____

Witness: _____ Funeral Director in Charge _____
Name of Funeral Home _____

PERMIT TO SHIP CREMAINS VIA REGISTERED U.S. MAIL

The undersigned hereby authorizes the Crematory to deliver the cremains Via Registered U.S. Mail and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to INDEMNIFY AND HOLD HARMLESS the Crematory and Funeral Director, its or their agents, employees, and assign, from any and all claims related to said shipment. The undersigned also agrees to pay for such delivery.

Signature of Next of Kin _____ Dated _____

DELIVERY TO ANOTHER PERSON

The undersigned hereby authorizes Crematory to deliver the cremains to: _____ I certify and represent that I have the full power and right to make such authorization. I hereby agree to assume any and all liability costs or damages should litigation arise because of such delivery and to release the Madison County Crematory, its agents, employees, successors and assigns, from any and all liability that may attach thereto by reason of said delivery to said above named party.

Signature of Next of Kin _____ Dated _____

RECEIPT OF DELIVERY

The undersigned hereby acknowledges receipt of the receptacle containing the cremains of the above named decedent from the Madison County Crematory. In order to induce the Madison County Crematory to deliver to me the said remains, I hereby represent that I am the proper person authorized to receive same. I hereby agree to release the Madison county Crematory from any and all claims for costs or damages by reason of their delivery of said remains to me.

Signature of Next of Kin _____ Dated _____

Relationship _____ Signature of Funeral Director _____