

The Lakes Crematory

500 Park Avenue, Suite 106, Lake Villa, Illinois 60046
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Funeral Director

Cremation Authorization and Disposition

I, We the undersigned, authorize *The Lakes Crematory* in accordance with and subject to the rules and regulations of the State of Illinois, to cremate the remains of (deceased) _____, who died at (City) _____, on (Date) _____, at (Time) _____ AM / PM, hereby agree to be responsible for and pay all charges incurred with respect to this authorization.

I, _____, (Relationship) _____ hereby certify that I have the legal right to arrange for the cremation and disposition of the cremated remains of the above named deceased. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

The death **Was / Was Not** caused by an Infectious, a Contagious, Communicable disease or dangerous to the Public Health.

In requesting cremation, I acknowledge that such is an irreversible act, and, therefore, I do hereby authorize cremation with full knowledge that the funeral director is acting solely upon my direction. In addition, I / We, the undersigned assume all liability for mistaken identity or incorrect identification, and do hereby agree to indemnify and hold the *The Lakes*, its agents, officers and employees, and (Funeral Director) _____ harmless from any and all claims, suits or causes of action, including a reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation or the personal representative thereof.

NOTICE: Heart pacemakers, prosthesis, silicon and radioactive producing implant devices or other life sustaining devices may cause an explosion in the cremation chamber. If the crematory does not receive notice, the person or persons authorizing cremation shall be held responsible for any damage resulting thereof. The funeral director and crematory shall accept **NO** liability under these circumstances. In view of the above, carefully and completely read this document - **front and back** - consisting the following certification.

CERTIFICATION: I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE NOTICE X (Initial)

I/We **have / have not** identified the aboved named remains on _____, and have authorized _____ Funeral Director to deliver the remains to *The Lakes* for cremation. I further certify that I/we have made such inquiry as is necessary to determine whether or not the remains of the deceased contains any of the above specified implant devices and certify that it does not. It is my understanding that the crematory will not accept the body for cremation if it contains these devices, and that said crematory will rely solely on this certification in accepting the remains for cremation.

I understand that due to the nature of the cremation process any jewelry, personal valuables, valuable material, including dental gold, will either be destroyed, or rendered unrecoverable, unless they are removed at my specific direction, noted below. Specific instructions noted below must give all necessary information, directions and descriptions.

I further understand that I will indemnify and hold harmless the funeral director, *The Lakes Crematory*, their officers and employees from any liability, costs, expenses or claims resulting from this certification. The funeral home / Crematory will not be liable, or responsible for any unclaimed cremains after thirty days, and they may be disposed of after 60 by whatever means are available.

DISPOSITION OF CREMAINS:

- () Release to _____
- () Ship to _____
- () Other _____
- () Specific Directions _____

If shipment is authorized, the undersigned authorizes the crematory to deliver the cremains via registered US.Mail and agrees to pay the handling and mailing fees incurred therein. I/we agree 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 the funeral director from any and all claims related to said shipment.

Signed: X _____ Relationship: _____ Phone: _____

Address: (Complete) _____

Social Security Number: _____ Date of Birth _____

Witness: X _____ Relationship: _____ Phone: _____

Address: (Complete) _____

Funeral Director Signature and State F.D. License # X _____

NOTARY:

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20_____.

_____, My Commission Expires _____

Notary Public

* If this cremation authorization is being executed by an individual as his or her own authorizing agent on a pre-need basis the following disclosure must be completed by the authorizing agent.

- () I wish to allow any of my responsible relatives/agent the option of selecting appropriate alternative arrangements.
- () 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.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone _____

The Lakes Policies, Procedures & Requirements

(Page 2 of Cremation Authorization Form)

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws and policies, procedures and requirements of *The Lakes* and the designated Funeral Home.

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

Requirements.

Cremation will take place only after **ALL** the following conditions have been met.

- * All scheduled ceremonies or viewings have been completed.
- * 24 hours have transpired since the death occurred.
- * Civil and medical authorities have issued all required permits.
- * All necessary authorizations have been obtained and no objections raised.

Authorizations

Unless previously authorized by the deceased, in accordance with applicable state law, no cremation may take place without written authorization of the next kin or the legal representative of the deceased. The next of kin is the person or persons described in the following order: 1. surviving spouse; 2. person serving as executor; 3. surviving adult children; 4. surviving parents; 5. surviving siblings; 6. surviving aunts/uncles; 7. surviving first cousins.

Caskets and Containers

The Lakes request all human remains be delivered to the crematory encased. All caskets and alternative containers are requested to meet the following standards.

- * Be resistant to leakage or spillage.
- * Be sufficient for handling with ease.
- * Be able to provide protection for the health and safety of the Funeral Home and Crematory personnel.
- * Be composed of materials suitable for cremation.
- * The Lakes does not except fiberglass containers.

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

The Cremation Process

All cremations are performed individually. Cremation is performed by placing the body, which must be in a leak resistant, rigid cremation container with a solid bottom or prepared hardwood casket, within the cremation chamber where the temperature is raised to approximately 1100 to 1800 degrees Fahrenheit, and the body will be totally and irreversible destroyed by prolonged exposure to intense heat and direct flame. I/We authorize *The Lakes* to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation. Upon completion of this cycle, all substances are consumed or driven off, except bone fragments, other materials, metals, etc.) are then raked from the chamber. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated remains are then encased in the specified urn. Unless a suitable urn is purchased or provided for the cremains, the crematory will place such cremains in a plastic bag within a cardboard box which is designed for short term use. In the event the capacity of the urn or other container is insufficient to accommodate all of the remains of the deceased, the crematory is authorized to place them in two containers, and the Funeral Director and authorizing agent will be notified.

The Lakes crematory makes a prudent effort to remove and recover all of the cremated remains from the crematory chamber, processing equipment and other tools or containers. Every effort is made to avoid inadvertent or incidental commingling of minute particles or cremated remains from the residue of previous cremations. It is impossible to remove or recover all cremated remains, as some dust, bone particles and other human residue will remain on or within the equipment. It is further impossible to guarantee or warrant that some bone particles or other residue could not possibly be co-mingled with those of previously cremated remains. I/We authorize the crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

Final Disposition

Cremation is not final disposition. The cremation process simply reduces the descent's body to approximately several pounds to approximately 125-200 cubic inches. It is recommended that the urn or container be a minimum size of 200 cubic inches. The authorizing agent shall be responsible for the final lawful disposition of the cremated remains. Cremated remains may be disposed of by placing them in a grave, crypt or niche, or by scattering them in a scattering area as defined by law, or in any manner whatever on private property of a consenting owner. Therefore, *The Lakes* strongly suggests that arrangements for final disposition be made at the time that the cremation arrangements are made and that the Cremation Authorization Form is completed. If the option selected for final disposition includes scattering, then the cremated remains will be disposed of by the crematory in an unrecoverable manner. If scattering is performed in a common area, then the cremated remains may be commingled with particles of other cremated remains that have been previously scattered.

Limitation of Liability

I/We agree to hold *The Lakes* harmless and fully indemnified if for any such reproduced copy of this form, which consists of one sheet front and back, for action that it takes based upon a facsimile transmission or other electrically reproduced copy of this form. I/We further warrant that I/We will arrange for the original version of this document, which may have been faxed to me, that bears my actual signature, to be delivered to the crematory without delay.