



OHIO VAULT WORKS, INC. CREMATORY

AUTHORITY FOR ANOTHER TO EXECUTE FUNERAL SERVICES

THIS FORM IS TO BE USED BY AN AUTHORIZING AGENT WHO IS WISHES TO APPOINT ANOTHER INDIVIDUAL TO SERVE AS THE ALTERNATE AGENT. THE ORIGINAL OF THIS FORM OR A COPY TRANSMITTED BY FACSIMILE, WHEN FULLY COMPLETED, EXECUTED AND NOTARIZED, MAY BE ACCEPTED BY A LICENSED FUNERAL HOME AND/OR CREMATORY.

1. IDENTIFICATION OF PARTIES:

Name of **Authorizing Agent:** _____

Phone: _____ Address: _____

Name of **Alternate Authorizing Agent:** _____

Phone: _____ Address: _____

Name of Decedent: _____

Relationship of Authorizing Agent to Decedent: _____

2. APPOINTMENT OF ALTERNATE AUTHORIZING AGENT: In accordance with Section 4717.24(B) of the Ohio Revised Code, the Authorizing Agent hereby appoints the Alternate Authorizing Agent to serve as the Authorizing Agent for the purpose of authorizing the cremation and final disposition of the remains of the Decedent. The Alternate Authorizing Agent shall have all of the rights and powers provided to, and all of the obligations and responsibilities imposed upon, authorizing agents under Ohio law.

3. ASSUMPTION OF LIABILITY AND INDEMNIFICATION: The Authorizing Agent assumes liability for all acts and omissions of the Alternate Authorizing Agent in relation to the cremation and final disposition of the Decedent, including but not limited to, all representations and directions made by the Alternate Authorizing Agent in the Cremation Authorization Form. The Authorizing Agent agrees to indemnify and hold harmless any person or entity that relies upon the representations and directions of the Alternate Authorizing Agent contained in the Cremation Authorization Form.

Signature of Authorizing Agent: _____

COUNTY OF _____, STATE OF _____, SS: _____

This foregoing Designation of Alternate Authorizing Agent was executed before me, a notary public or other person authorized to administer oaths in the jurisdiction named above, by the Authorizing Agent named above, this _____ day of _____, 20____.

<u>Notary Public</u>
Name: _____
Signature: _____
My Commission Expires: _____

OR

Witness #1 *Print* _____ *Sign* _____

Witness #2 *Print* _____ *Sign* _____