

# OHIO VAULT WORKS CREMATORY, LLC

## AUTHORIZATION FOR CREMATION AND DISPOSITION

The State of Ohio requires that this Authorization Form be completed and signed prior to the cremation. Please read it carefully and bring any questions you may have to our attention. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 9 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or any other information in this Form. **THIS AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.**

### SECTION 1: IDENTIFICATION OF THE DECEDENT

Name of Deceased \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

### BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

Initial \_\_\_\_\_ The Authorizing Agent or the Personal Representative of the Authorizing Agent has personally viewed the remains and positively identified them as the body of the Decedent.

OR

Initial \_\_\_\_\_ The Authorizing Agent has given permission for the Funeral Home to photograph the Decedent prior to cremation and has positively identified or permitted a Personal Representative to positively identify the photograph as that of the Decedent. Upon identification of the Decedent by photograph, the Authorizing Agent or a Personal Representative thereof has signed the photograph as confirmation of the identification process which remains on file with the Funeral Home.

OR

Initial \_\_\_\_\_ The Authorizing Agent or a Personal Representative of the Authorizing Agent has identified the Decedent's remains using the following means  Scar,  Tattoo,  Photo or Other \_\_\_\_\_  
as means of identification. If a photograph was used, the Authorizing Agent has given permission for the Funeral Home to photograph the Decedent prior to cremation, and the Authorizing Agent or a Personal Representative thereof has signed the photograph as confirmation of the identification process which remains on file with the Funeral Home.

OR

Initial \_\_\_\_\_ The Decedent's remains were identified by the \_\_\_\_\_ of \_\_\_\_\_ County.

#### Personal Representative

Relationship \_\_\_\_\_ Print \_\_\_\_\_ Sign \_\_\_\_\_

### SECTION 2: FUNERAL HOME AND CREMATORY INFORMATION

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization:

Funeral Home \_\_\_\_\_

Crematory Ohio Vault Works Crematory, LLC, 6160 Halle Drive, Valley View, Ohio 44125

### SECTION 3: IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of Authorizing Agent \_\_\_\_\_

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows:

- (a)  The representative appointed by the Decedent to the right of disposition
- (b)  The Decedent's surviving spouse
- (c)  The Decedent's surviving adult child or children
- (d)  The Decedent's surviving parent or parents
- (e)  The Decedent's surviving adult sibling or siblings
- (f)  The Decedent's surviving grandparent or grandparents
- (g)  The Decedent's surviving grandchild or grandchildren
- (h)  The lineal descendants of the Decedent's grandparents as listed in § 2105.16 (l) of the Ohio Revised Code
- (i)  The Decedent's personal guardian at the time of death
- (j)  Any person willing to assume the right of disposition, including the personal, representative of the estate or the licensed Funeral Director with custody of the body, after attesting in writing and good faith that they could not locate any of the persons in the above priority list
- (k)  If the final disposition of the Decedent's remains are the responsibility of the state or a political subdivision of the state, the public officer or employee responsible for arranging the final disposition of the remains

#### SECTION 4: AUTHORITY OF THE AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains, and I am initialing one of the following statements accordingly:

**Initial** \_\_\_\_\_ As Authorizing Agent, I have checked a box in Section 3 above. I understand that any living person who meets the qualifications of any box equal to or above the one I checked would have an **equal or superior right** to act as Authorizing Agent. I certify that I do not have actual knowledge of the existence of any living person who has an **equal or superior right** to act as the Authorizing Agent.

**OR**

**Initial** \_\_\_\_\_ As Authorizing Agent, I have checked a box in Section 3 above. I am aware of a living person or persons who has a **superior** priority right to act as Authorizing Agent. I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with the **superior** priority right would object to the cremation of the Decedent.

**OR**

**Initial** \_\_\_\_\_ As Authorizing Agent, I have checked a box in Section 3 above. I am aware of a living person or persons who has an **equal** priority right to act as Authorizing Agent. Of the persons with **equal** priority rights that I was able to contact, after using reasonable efforts to do so, I certify that the majority of them agree to the cremation of the Decedent's remains.

**OR**

**Initial** \_\_\_\_\_ As Authorizing Agent, I have checked a box in Section 3 above. I am aware of a living person or persons who have an **equal or superior** priority right to act as Authorizing Agent. I am claiming the right to act as Authorizing Agent under Ohio Revised Code Section 2108.75. The person or persons with the **equal or superior** priority right have been notified of the Decedent's death and have failed to exercise his/her right to act as Authorizing Agent within 48 hours of notification **or** more than 72 hours have passed since the Decedent's death and the location of the person or persons with the **equal or superior** priority right is unknown and there is no contact with the person or persons.

**OR**

**Initial** \_\_\_\_\_ As Authorizing Agent, I have checked a box in Section 3 above. I am aware of a living person or persons who have an **equal or superior** priority right to act as Authorizing Agent. The person or persons who have the **equal or superior** priority right to act as Authorizing Agent have permitted me to authorize the cremation of the Decedent. The authority to act as Authorizing Agent has been granted to me in the *Authority for Another to Execute Funeral Services* attached to and made part of this Authorization for Cremation and Disposition.

**OR**

**Initial** \_\_\_\_\_ As Authorizing Agent, I have checked a box in Section 3 above. I am aware of a living person or persons who have an **equal or superior** priority right to act as Authorizing Agent. The authority to act as Authorizing Agent has been granted to me by Order of the Probate Court of \_\_\_\_\_ County. This Order is attached to and made part of this Authorization for Cremation and Disposition.

**SECTION 5: PACEMAKERS, IMPLANTS, AND PROSTHESES**

Pacemakers, defibrillators, radioactive, silicon, or other implants, mechanical devices, or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. The following list describes all devices (including mechanical, prosthetic, implants, or materials) which may have been implanted in or attached to the Decedent:

Description of Devices \_\_\_\_\_

Please initial one of the following statements:

Initial \_\_\_\_\_ The remains of the Decedent do not contain any of the Devices described above

**OR**

Initial \_\_\_\_\_ As Authorizing Agent, I instruct the Funeral Home or a representative of the Funeral Home to remove each Device listed on page 2 and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices.

The Devices listed are to be removed and returned to the Authorizing Agent \_\_\_\_\_

**SECTION 6: MULTIPLE CREMATIONS**

Under Ohio law, the remains of more than one Decedent may not be simultaneously cremated in the same cremation chamber unless the Decedents to be cremated were related, any time during the one-year period preceding their deaths, living in a common law marital relationship or cohabitating. Unless authorized below, the Decedent’s remains shall be individually cremated.

Initial \_\_\_\_\_ As Authorizing Agent, I authorize the simultaneous cremation of the remains of the Decedent with the Decedent named below. I certify that this multiple cremation meets the legal requirements set forth above.

Name of Other Decedent \_\_\_\_\_

**SECTION 7: WITNESSES**

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present at the cremation viewing facility prior to and/or during the cremation of the Decedent’s remains and during the removal of the cremated remains from the cremation chamber. In addition to this Authorization Form, a Viewing Disclosure Acknowledgment / Release of Liability Form must be completed by those attending a viewing ceremony. **THERE IS AN HOURLY FEE FOR WITNESSING THE CREMATION. PLEASE NOTE THAT THE SCHEDULED TIME IS INTENDED TO BE THE START OF THE CREMATION AND THE HOURLY FEE WILL START AT THIS TIME. ALSO, ALL CANCELATIONS MUST BE MADE 24 HOURS IN ADVANCE OR A ONE HOUR WITNESSING FEE WILL BE ASSESSED.**

Initial \_\_\_\_\_ No Witnesses

**OR**

Initial \_\_\_\_\_ List of Witnesses \_\_\_\_\_

**SECTION 8: CASKET OR ALTERNATIVE CARDBOARD CONTAINER & THE CREMATION PROCESS**

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, which may include opening it if necessary. In the event the casket or container does not meet the above requirements, the Crematory will notify the Funeral Director, who in turn will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible materials also contain exterior parts (decorative handles, hardware, etc.) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that Ohio Vault Works Crematory, LLC will not accept fiberglass or metal caskets. I further understand that the casket or alternative container will be consumed as part of this process. Unless written on the following line, the Funeral Home is authorized to use an alternative container.

Casket being used (If other than alternative cardboard container) \_\_\_\_\_

Cremation will take place after any scheduled ceremonies or viewings have been completed in which the human remains were to be present, civic and medical authorities have issued all required permits, all necessary authorizations have been obtained, *and 24 hours* have transpired since death occurred with no objections having been raised.

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. Cremation is a technical process, using heat and flame, which reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing of remains and include the pulverization of bone fragments. All cremations are performed individually unless noted otherwise in Section 6 above. During the cremation process, it is necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished, and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions, or valuable materials, such as dental gold or jewelry (as well as body prosthesis or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation will be destroyed or otherwise may not be recoverable. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions and valuables, and preemptive measures must be taken to preserve DNA prior to the time the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minuscule particles of cremated remains from the residues of previous cremations is probable, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, they will be pulverized. The process of pulverizing may cause incidental commingling of the remains with the residue of previously processed cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container. All non-combustible material (insofar as possible) such as personal items cremated with the decedent, dental bridgework and hinges, latches, and nails from the container will be manually and mechanically separated. The Crematory may receive partial compensation for labor and responsible recycling. I/We further authorize that if any items, other than cremated remains, are recovered from the cremation chamber, they may be separated from the cremated remains and disposed of or recycled with similar items from previous cremations by the Crematory at its sole discretion.

## SECTION 9: AUTHORIZATION TO CREMATE, PROCESS, AND PULVERIZE

Initial \_\_\_\_\_ As Authorizing Agent, I have read and understand the description of the cremation process contained in Section 9 and authorize the cremation, processing, and pulverization of the remains of the Decedent. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory or the Crematory to pick up the Decedent's remains from the Funeral Home for the purpose of the cremation.

## SECTION 10: URN OR TEMPORARY CONTAINER

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container, and each urn and/or container will be labeled 1 of 2 and 2 of 2, and will then be handled according to the final disposition instruction set forth in Section 11 below. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use:

Standard temporary container provided by Crematory

OR

Urn or Keepsakes Selected \_\_\_\_\_

## SECTION 11: FINAL DISPOSITION

Initial \_\_\_\_\_ After the cremation has taken place, the cremated remains have been processed, and the processed cremated remains have been placed in the designated receptacle, Ohio Vault Works will arrange for the transfer of the cremated remains of the Decedent to a representative of the Funeral Home. I understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are transferred to the possession and custody of a representative of the Funeral Home.

The Authorizing Agent directs the Funeral Home to undertake the actions set forth below to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the undersigned hereby authorizes the delivery of cremated remains to the undersigned or designee via Registered or Express Mail and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to personally indemnify and hold the Crematory and Funeral Home free and harmless from any and all claims, damages or even loss personally related to said shipment including attorney fees and cost incurred by the Crematory and/or Funeral Home.

The Funeral Home shall deliver the cremated remains of the Decedent for disposition as follows:

- Deliver to \_\_\_\_\_ Cemetery.
- Release to: \_\_\_\_\_
- Ship to: \_\_\_\_\_
- Other \_\_\_\_\_

**Initial** \_\_\_\_\_ The Authorizing Agent understands that if no arrangements for the final disposition, release, or shipment of the cremated remains are made in this Authorization, the Funeral Home shall hold the cremated remains for thirty (30) days after cremation. If during that thirty (30) day period the cremated remains are not retrieved by the person designated in Section 12 to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Funeral Home may return the cremated remains to the Authorizing Agent at the address listed in Section 3. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements for the final disposition have not been carried out within that sixty (60) day period because of the inaction of a party other than the Funeral Home, then the Funeral Home may dispose of the cremated remains in a grave, crypt, or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt, or niche and shall reimburse the Funeral Home immediately upon receipt of an invoice.

**SECTION 12: PERSONAL PROPERTY**

**Initial** \_\_\_\_\_ All personal property delivered with the remains of the Decedent to the Crematory, including, but not limited to, jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below. The Funeral Home is responsible for retrieving all items as described below prior to delivery of the Decedent to the Crematory or pick up of Decedent by Crematory:

Items to be returned to the Authorizing Agent \_\_\_\_\_

Items to accompany the Decedent to the Crematory and the manner in which they should be handled \_\_\_\_\_

**SECTION 13: VISITATION AND FUNERAL CEREMONIES**

- Prior to Cremation
- Following Cremation
- No Services

The Authorizing Agent or the Decedent’s family has arranged for a visitation(s) and/or funeral ceremony(ies) as set forth below:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time(s) \_\_\_\_\_ Place \_\_\_\_\_

**SECTION 14: TIME OF CREMATION**

As indicated in the completed Non-provisional Death Certificate, the cremation of the Decedent’s remains cannot take place until 24 hours have elapsed from the time of death. If the remains are not embalmed and if the cremation is not to occur within eight hours of the delivery of the remains to the Crematory, the Crematory will place the remains in a refrigerated facility.

Decedent’s remains:  Are to be embalmed  Are not to be embalmed

Please initial one of the following:

Initial \_\_\_\_\_ The Crematory may perform the cremation of the Decedent’s remains at a time and date as its work schedule permits and without any further notification to the Authorizing Agent

OR

Initial \_\_\_\_\_ The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date \_\_\_\_\_ Time \_\_\_\_\_

**SECTION 15: CERTIFICATION AND INDEMNIFICATION**

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this Authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and Crematory, their officers, directors, employees, and agents from any claim, cause of action, cost or expense, including but not limited to any legal fees, arising out of or resulting from the Funeral Home’s and the Crematory’s reliance on or performance consistent with the directions, statements, representations, and agreements contained in this Authorization.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Authorizing Agent \_\_\_\_\_

**ADDITIONAL AUTHORIZING AGENTS (persons with equal priority right to act as Authorizing Agent)**

1. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

**WITNESS OF SIGNATURE OF AUTHORIZING AGENT(S)** The above signature(s) must be witnessed, or cremation cannot take place.

Witness\* \_\_\_\_\_ Print \_\_\_\_\_

**REPRESENTATIONS OF FUNERAL DIRECTOR**

The Funeral Home certifies that the remains being transferred to the custody of the Crematory are those of the Decedent identified in Section 1 above and that the identification was made in accordance with § 4717.24 (B) of the Ohio Revised Code. The Funeral Home, based upon the representations of the Authorizing Agent in Section 5 above, has taken reasonable precautions to ensure the removal of any device listed in Section 5 from the Decedent’s Remains or to render such device non-hazardous. The Funeral Home also certifies that any items listed in Section 13 hereof have been removed from the remains of the Decedent for delivery to the Authorizing Agent.

Signature of licensed Funeral Director \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX A: ADDITIONAL AUTHORIZING AGENTS**

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

5. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

6. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

7. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

8. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

9. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

10. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

11. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

12. Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Signature of Witness for signature(s) of Authorizing Agent(s) \_\_\_\_\_