

# OHIO VAULT WORKS CREMATORY

## WAIVER OF RIGHT OF DISPOSITION

**1. PARTIES:**

"FUNERAL HOME" \_\_\_\_\_

"CREMATORY" Ohio Vault Works, Inc. Crematory, 6160 Halle Drive, Valley View, Ohio 44125

"REPRESENTATIVE" \_\_\_\_\_

"DECEDENT" \_\_\_\_\_

**2. RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows (check the appropriate box):

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf
- Other: \_\_\_\_\_

**3. AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

**4. WAIVER OF DISPOSITION:** The REPRESENTATIVE waives and relinquishes the right to make and/or approve all arrangements concerning the disposition of the DECEDENT, including but not limited to funeral arrangements and the method of disposition. This waiver includes the relinquishment by REPRESENTATIVE of any and all rights to seek the recovery, possession, relocation or disinterment of the DECEDENT'S remains, including cremated remains. The person designated by the REPRESENTATIVE to serve as the authorizing agent and retain the right to make and/or approve all arrangements concerning the disposition of the DECEDENT, including but not limited to funeral arrangements and the method of disposition as stated above is the following individual:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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**5. IDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME and CREMATORY from any claims or causes of action arising or related in any respect to this waiver of right of disposition or the FUNERAL HOME'S or CREMATORY'S reliance thereon.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of REPRESENTATIVE (if Representative is a group of persons, each person in the group shall sign on the Addendum attached to the end of this document)

**Witness #1** *Print* \_\_\_\_\_ *Sign* \_\_\_\_\_

**Witness #2** *Print* \_\_\_\_\_ *Sign* \_\_\_\_\_

**OR**

**NOTARY ACKNOWLEDGEMENT:**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed as the Declarant, and who has acknowledged that he or she executed this written declaration under § 2108.70 of the Ohio Revised Code for the purposes expressed in that section. I attest that the Declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud or undue influence.

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
My Commision Expires

SEAL