

# AUTHORIZATION FOR CREMATION AND DISPOSITION

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

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.

## IDENTIFICATION OF THE DECEASED

Name of Deceased: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEASED IS REQUIRED BY ONE OF THE FOLLOWING TWO METHODS:

- The Authorizing Agent has viewed the remains and positively identified them as the body of the Deceased.
- The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Deceased.

## IDENTIFICATION AND AUTHORITY OF AUTHORIZING AGENT(S)

Name of Authorizing Agent: \_\_\_\_\_

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

Telephone No: (        ) \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name of Authorizing Agent: \_\_\_\_\_

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

Telephone No: (        ) \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of the Deceased.

- I/We are not aware of any living person who has a superior priority right under Chapter 100 of the Iowa Code to make arrangements for the Disposition of the remains of the Deceased.
- I/We are aware that there is another living person who has such a superior priority right. I/We have made all reasonable efforts to contact that person and have been unable to do so. I/We have no reason to believe that such person would object to the cremation of the Deceased.

## FUNERAL HOME AND CREMATORY

I/We, as Authorizing Agent(s) authorize the Funeral Home and Crematory set forth below to carry out the directions and instructions contained in this Authorization:

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

Address: \_\_\_\_\_

Crematory: \_\_\_\_\_

Address: \_\_\_\_\_

### RELEASE AND DISPOSITION OF CREMATED REMAINS

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows: Is special handling required?  Yes  No

Describe: \_\_\_\_\_

Description of urn or container selected: \_\_\_\_\_ Suitable for shipping:  Yes  No

Deliver to: \_\_\_\_\_ Cemetery  
Name and Address of Cemetery

Release to family \_\_\_\_\_  
Name and Designated Family Member to Receive Cremated Remains

Scattering at sea by Funeral Home or Funeral Home's agent

Ship via U.S. Registered Mail\* To: \_\_\_\_\_  
Name \_\_\_\_\_

Address: \_\_\_\_\_  Other \_\_\_\_\_

\* Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the United States Postal Service.

### MECHANICAL OR RADIOACTIVE DEVICES

Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation.

Please check one of the following statements:

- The remains of the Deceased do not contain any type of implanted mechanical or radioactive device.
- The remains of the Deceased do contain the following described implanted mechanical or radioactive device(s) which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

Description of device: \_\_\_\_\_ Disposition: \_\_\_\_\_

Description of device: \_\_\_\_\_ Disposition: \_\_\_\_\_

\* If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

**PERSONAL PROPERTY**

All personal property and effects accompanying the remains of the Deceased to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes may be destroyed during the cremation process. If any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to the Authorizing Agent: \_\_\_\_\_

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**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document, and that I/we have received the booklet entitled "Cremation Facts".

Executed this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

Signature of Authorizing Agent(s): \_\_\_\_\_

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Funeral Director Obtaining Authorization: \_\_\_\_\_  
Signature Printed Name

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