

AUTHORIZATION FOR CONSENT TO CREMATE

The Undersigned hereby requests and authorizes Iowa Cremation or Agent thereof (hereinafter referred to as "Crematory"), located at 4200 First Avenue, N.E., Cedar Rapids, Iowa, in accordance with and subject to their rules and regulations, to cremate the remains of: _____ (hereinafter referred to as the decedent).

HOLD HARMLESS AND INDEMNIFICATION

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless the Crematory, its officers, agents and employees, from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to the crematory, the processing, shipping and final disposition of the decedent or the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed or not performed by the Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

INFORMATION AND LEGAL REQUIREMENTS

Iowa Cremation		4200 1st Ave NE		Cedar Rapids		IA
FUNERAL ESTABLISHMENT		ESTABLISHMENT ADDRESS		CITY		STATE
CREMATORY		CREMATORY ADDRESS		CITY		STATE
DECEASED NAME		DECEASED ADDRESS		CITY		STATE
AGE	GENDER	DEATH DATE	DEATH TIME	CAUSE OF DEATH	DEATH CITY	STATE
ASSIGNED CREMATION #		LIST ITEMS OF VALUE WITH DECEDENT		INSTRUCTIONS FOR ITEMS OF VALUE		
RECEIVER OF CREMATED REMAINS		RELATIONSHIP		CITY		STATE
MANNER OF DISPOSITION OF CREMAINS				MEDICAL EXAMINER AUTHORIZING		

INITIAL(s) I request and authorize a small portion or portions of cremated remains to be separated from original cremains.

INSTRUCTIONS: _____

REPRESENTATIONS AND ACKNOWLEDGMENTS

As the Authorizing Agent(s), I (We) hereby represent and agree by my initials that I (We) have read, understand and accept the statements set forth. I (We) also understand that this is a legal document and contains important provisions concerning cremation.

AUTHORIZED PERSONS ACKNOWLEDGMENT

I (We) represent that I (We) in accordance with Iowa Administrative Code/Rules [645-100.1(156)] Current Authorized Person List Rights and Responsibilities fall into the list of Authorized Persons as stated below. I (We) represent that to the best of my (our) knowledge there is no person(s) of higher authority and I (we) possess full legal authority and power, according to the laws of the state of Iowa to execute this authorization and to arrange for the cremation and disposition of the cremated remains of the decedent. I (We) also state that I (We) take full responsibility for this authorization to cremate and assume all responsibility for its directive.

INITIAL(S)	<input type="checkbox"/> Disposition Directive Designee: _____	<input type="checkbox"/> Personal Representative of Next-of-Kin (Closest Legal Living Relative) with written authorization to act on his/her behalf.
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Court Order: (Case#) _____
	<input type="checkbox"/> Next-of-Kin (Closest Legal Living Relative)	<input type="checkbox"/> Other _____

POSITIVE IDENTIFICATION

I (We) represent here that positive identification of the decedent stated above has been made or I (We) have elected to waive my (our) right to do so and understand and waive all rights associated with this decision and assume full responsibility for this decision. I (We) agree to hold harmless and indemnify as provided in the section above.

INITIAL(S)	<input type="checkbox"/> Deceased Identified	<input type="checkbox"/> Identification Waived	<input type="checkbox"/> Other: _____
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CREMATION AUTHORIZATION

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REPRESENTATIONS AND ACKNOWLEDGMENTS

As the Authorizing Agent(s), I (We) hereby represent and agree by my (our) initials that I (we) have read, understand and accept the statements set forth. I (we) also understand that this is a legal document and contains important provisions concerning cremation.

CREMATION ACKNOWLEDGEMENT

I (We) represent here that I (We) understand I (We) have the right to revoke this authorization and instruct the crematory to cancel the cremation provided such instruction is received in writing prior to the beginning of the cremation. In the event the cremation has been started, the authorization stands and we hold harmless all parties involved directly or indirectly with the the Crematory resulting from this cremation. I (We) also acknowledge and understand that in the event there is written notification prior to the start of the cremation that a person(s) of suspected equal or superior right exists and/or opposes the cremation, the Crematory reserves the right to delay the cremation until such time the matter is resolved in a manner acceptable to the Crematory or a court order is presented authorizing the cremation. In such an event, or in order to comply with the laws of this state, the Crematory reserves the right to preserve the remains in accordance with current laws in this state which may include refrigeration and/or arterial or hypodermic embalming. If embalming is performed to comply with current State Laws I (We) do hereby grant permission and understand I (we) may be liable for additional charges that pertain as listed on the current General Price List.

INITIAL(S)

DISPOSITION RESPONSIBILITY

I (We) understand that in accordance with Iowa Administrative Code/Rules [645-100.10(6)c] that if after a period of sixty (60) days from the date of the cremation, the authorizing person or designee has not instructed the funeral director to arrange for the final disposition of the cremated remains, the Crematory may dispose of the remains in any manner permitted by this Rule. The Crematory, however, shall keep a permanent record identifying the site of final disposition. The authorizing person shall be responsible for reimbursing the Crematory for all reasonable expenses incurred in disposing of the cremated remains. Any entity that was in possession of cremated remains prior to the effective date of these Rules may dispose of them in accordance with this Rule.

INITIAL(S)

CREMATION PROCESS ACKNOWLEDGMENT

I (We) represent and understand that cremation is performed by placing the decedent in a cremation container or on a cremation tray and then placing the cremation container or tray into a cremation chamber or retort where they are subjected to intense heat and flame. Through the use of natural gas, incineration of the container and its contents is accomplished and all substances are consumed, except bone fragments (calcium compounds) and metal (including 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 jewelry, dental work and prostheses that are left with the decedent and are not removed prior to the cremation will be destroyed, or if not destroyed, will be disposed of. Following a cooling period, the cremated remains, (which will normally weigh several pounds in the case of an average sized adult), are swept or raked from the retort. The Crematory makes all reasonable attempts to remove all the cremated remains from the chamber, but it is impossible to remove them all, as such, some dust and other residue from the process may be left behind. In addition, while efforts are made to avoid comingling, inadvertent or incidental comingling of minute particles of cremated remains from the residue of previous cremations is possible. All possible non-human particles are separated from the cremated remains and the crematory reserves the right to dispose of this non-human material at its sole discretion. The cremated remains are then mechanically pulverized into a consistency that will be virtually unrecognizable as human remains. If the container the cremated remains are to be placed in is insufficient to hold all cremated remains, the remaining cremains will be placed in a second temporary container.

INITIAL(S)

MEDICAL DEVICES

I (We) represent here that to the best of my/our knowledge there are no medical devices, materials, or implants that may be explosive or potentially hazardous to equipment or persons performing the cremation. In the event the decedent does have such a device, I (We) authorize the removal of such devices as deemed necessary by the crematory to prevent harm to equipment or person and understand these items will be discarded or recycled as deemed appropriate by the crematory and will not be returned.

INITIAL(S)

I (WE) ACKNOWLEDGE THAT BY EXECUTING THIS CREMATION AUTHORIZATION THAT I (WE) HAVE READ AND FULLY UNDERSTAND PAGES 1 AND 2 OF SAID AUTHORIZATION AND ACKNOWLEDGE AND UNDERSTAND THE HOLD HARMLESS AND INDEMNIFICATION PROVISION. FURTHER, ALL REPRESENTATIONS AND STATEMENTS CONTAINED WITHIN THIS AUTHORIZATION ARE TRUE AND CORRECT.

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE

FUNERAL DIRECTOR NAME

LICENSE NUMBER

SIGNATURE

DATE