



BRICKMAN BROS. FUNERAL HOME

37433 Euclid Ave. Willoughby, Ohio 44094 440-951-7800

www.brickmanbros.com

Email: info@brickmanbros.com

CREMATION AND DISPOSITION AUTHORIZATION

The State of Ohio requires that this Authorization Form be completed and signed prior to cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 8 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form. We will be pleased to answer any question about the cremation process or the 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.

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ Date of Death: _____

Time of Death: _____ Place of Death: _____

Sex: _____ Age: _____ Date of Birth: _____ Social Security No.: _____

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

_____ The Authorizing Agent or personal representative of the Authorizing Agent has viewed the remains and (Initials) positively identified them as the body of the Decedent.

Name of Personal Representative _____ Signature _____

OR

_____ The Authorizing Agent or personal representative of the Authorizing Agent has authorized the Funeral (Initials) Home to photograph or create an image of the remains and the Authorizing Agent or personal representative has positively identified the photograph or image as that of the Decedent.

OR

_____ The Authorizing Agent or personal representative of the Authorizing Agent has identified the Decedent's (Initials) remains by identifying on the remains or by photograph the following: Scar; Tattoo; Other: _____

OR

_____ The Decedent's remains were identified by the Coroner or Medical Examiner. (Initials)

2. FUNERAL HOME AND CREMATORY

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: **BRICKMAN BROS. FUNERAL HOME, 37433 EUCLID AVE., WILLOUGHBY, OHIO 44094**

Crematory: **OHIO VAULT WORKS CREMATORY, 6160 HALLE DR., VALLEY VIEW, OHIO 44125**

Name of Funeral Director who will obtain the Burial Permit or Burial Transit permit authorizing the cremation of the Decedent: _____

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____ Relationship _____

Address: _____ Phone Number : _____

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

- (a) _____ The representative appointed by the Decedent to have right of disposition.
- (b) _____ The Decedent’s surviving spouse.
- (c) _____ The Decedent’s surviving child or children.
- (d) _____ The Decedent’s surviving parent or parents.
- (e) _____ The Decedent’s surviving 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 spelled out in Section 2105.06 of the 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, 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.

4. AUTHORITY OF AUTHORIZING AGENT

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

(Initials) As Authorizing Agent, I have filled in Section 3 above. I understand that any living person who meets the qualifications of any level above or equal to the one I filled in would have a **superior or equal** right to act as Authorizing Agent. I do not have actual knowledge of the existence of any living person who has a **superior or equal** right to act as the authorizing agent.

OR

(Initials) As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person who has a **superior** priority 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

(Initials) As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person or persons **listed below** who have a **superior or equal** priority to act as Authorizing Agent. That person or persons have confirmed to me that they do not want any involvement in the disposition of the Decedent’s remains. **(SEE ATTACHED WAIVER LETTER)**

OR

(Initials) As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person or persons who have 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 a majority of them agree to the cremation of the Decedent’s remains.

Name(s) of Other Persons: _____

5. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed below 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:

_____: The remains of the Decedent do not contain any of the Devices described above.
(Initials)

OR

_____: As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above 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.
(Initials)

6. CASKET OR ALTERNATIVE CONTAINER

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, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are not comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) 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 some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

Casket or Alternative Container Selected: _____

7. WITNESSES

PLEASE NOTE: An Additional fee of \$150.00 per hour is assessed for witnessing a cremation

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 room prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. Please initial one of the following:

_____: No Witnesses
(Initials)

OR

_____: _____
(Initials) (List of Witnesses)

8. THE CREMATION PROCESS

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. All cremations are performed individually unless noted otherwise. During the cremation process, it may be 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 any body prosthesis or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that 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-sized 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 minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

9. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

_____: As Authorizing Agent, I have read and understand the description of the cremation process contained in
(Initials) Section 9 above 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 for the purpose of the cremation.

10. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed below or, if an urn is not provided to the crematory, in a temporary container provided by the crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing. 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 handled according to the final disposition instruction set forth in Section 12 below; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use:

_____Urn selected by Authorizing Agent. Description _____

_____Standard temporary shipping container provided by Crematory.

11. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or 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 Authorizing Agent directs that the Crematory or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

_____: The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home
(Initials)

_____: The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, the
(Initials) Crematory shall deliver the cremated remains of the Decedent for disposition as follows:

_____ Deliver to _____ Cemetery which with arrangements have already been made.

_____ Deliver or release to: Name: _____ Relationship: _____
Address: _____

_____: The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the
(Initials) cremated remains are made in this Authorization, the Crematory shall hold the cremated remains for ten (10) days after cremation. If during that ten (10) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory will return the cremated remains to the Funeral Home or 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 of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than the Crematory or 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.

12. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including 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 the Authorizing Agent are given below:

Items to be delivered to the Authorizing Agent: _____

13. VISITATION AND FUNERAL CEREMONIES

Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below:

Date(s): _____ Time(s): _____

Place of Ceremonies: _____

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 to be 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

_____: The Crematory may perform the cremation of the Decedent's remains at a time and date as its work (Initials) schedule permits and without any further notification to the Authorizing Agent.

OR

_____: The Crematory is to use its best efforts to schedule the cremation in accordance with the following (Initials) schedule: Date: _____ Time: _____

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, representatives, and agreements contained in this Authorization.

Executed at _____ Date: _____

Signature of Authorizing Agent: _____

Other Persons with Equal Priority: _____

Witness: _____

CERTIFICATE BY FUNERAL HOME UPON TRANSFER OF DECEDENT'S REMAINS TO CREMATORY

The Funeral Home certifies that the remains being transferred to the custody of the Crematory have been previously identified in accordance with the requirements of Section 4717.24(B) of the Ohio Revised Code.

Licensed Funeral Director: _____ Date: _____

Brickman Bros. Funeral Home, 37433 Euclid Ave., Willoughby, Ohio 44094

RECEIPT OF CREMATED REMAINS

I hereby acknowledge that I, the undersigned, have received the cremated remains of the above mentioned deceased. I further state that I have the legal right to take possession of said cremated remains. This releases BRICKMAN BROS FUNERAL HOME from all responsibilities concerning the transfer of the above mentioned cremated remains.

Signature: _____ Relationship: _____

Printed Name: _____ Date: _____