

No. _____



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Whiteland, IN 46184
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Cremation Authorization

Pillars Cremation Service Requirements for Cremation

- ❖ A copy of the completed certificate of death is required prior to the cremation.
- ❖ Authorizing Agent(s) have received and understand the document "Pillars Cremation Service Policies, Procedures and Requirements."
- ❖ All required legal, civil and medical permits and authorizations have been issued by the proper authorities.
- ❖ All necessary authorizations have been obtained and no objections have been raised.
- ❖ Any viewing, funeral service or ceremony requiring the body be present has been completed.
- ❖ The required waiting period between time of death and time of cremation (as required of the state where the death occurred) has elapsed.

Name of deceased: _____ Sex: _____ Age: _____

Social Security Number: _____ - _____ - _____

Place of death: City: _____ County: _____ State: _____

Date of Death: _____ Time of Death: _____ AM/PM

Method of Disposition: _____

Return to: _____

PILLARS CREMATION SERVICE
CREMATION AUTHORIZATION FORM

Regarding: _____ (Hereinafter referred to as "decedent")

The person(s) legally entitled to order the cremation is the authorizing agent. The individual named below certifies that he/she is indeed the nearest related living relative of the deceased, or that if, in the event there exists an individual having superior right to execute this Form, the Authorizing Agent certifies that all reasonable attempts have been made to contact such person, but has not been able to make contact, and believes such person would not object to cremation.

Relationship of the authorizing agent to the decedent: **check one that applies.**

- | | |
|--|--|
| _____ A) the surviving spouse;
_____ B) The surviving adult children;
_____ C) The surviving parents;
_____ D) The surviving adult grandchildren; | _____ E) the surviving adult siblings;
_____ F) A next closest living relative; or
_____ G) in the absence of any of the above,
by order of _____ |
|--|--|

I (we), the undersigned (hereinafter referred to as the "Authorizing Agent") authorize Pillars Cremation Service II, in accordance with its Rules and Regulations as well as any applicable state and/or local rules and regulations, to cremate the human remains (decedent) identified by the Authorizing Agent, and to arrange for the delivery of cremated remains as set forth in this document.

Name of Funeral Home _____ Phone # _____
Street _____ City _____ State _____ Zip _____
Funeral Director in Charge _____

A visitation, funeral service, or ceremony requiring the body is present **WILL/WILL NOT** take place. This
_____ will take place on _____ at _____
(Type of gathering) (Date) (Location)

The cause of death **WAS/WAS NOT** due to infectious disease. If yes, please describe; _____

I (we) understand that if I (we) fail to notify Pillars Cremation Service II of a death due to infectious disease that I (we) will be liable for any harm to Pillars Cremation Service personnel arising from such a disease.

Has the decedent ever been treated with therapeutic radionuclides using radioactive Strontium-89 or any other treatment that would result in residual radioactive material remaining as part of the decedent's remains? (In most cases human remains having received such treatment cannot be accepted for cremation.)
(Please circle one) **YES/NO** Date of last treatment _____

I (we) further state that the decedent's remains **DO/DO NOT** include a heart pacemaker, radiation producing implant device, or any other device that could be explosive. If such a device has been implanted in the decedent, I (we) have instructed the funeral director or others to remove said devices before the delivery of the decedent to Pillars Cremation Service for cremation, and attest that said devices have been removed. I (we) understand that failure to remove such devices may be hazardous to Pillars Cremation Service personnel and/or damaging to Pillars Cremation Service equipment and that I (we) will be liable for any such occurrence.

I (We) have received and reviewed the document entitled "Pillars Cremation Service Policies, Procedures and Requirements" and hereby authorize the Pillars Cremation Service to perform the cremation in accordance with those rules and regulations.

INITIALS OF ALL AUTHORIZING AGENTS _____

SIGNATURE OF PERSON IDENTIFYING REMAINS _____

LIMITATION OF LIABILITY

As the authorizing agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Pillars Cremation Service II, its officers, agents, and employees of and from any and all claims, demands, causes, or causes of action, and suits of every kind, nature and description, in law or equity, including legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the Authorizing Agent to properly identify the human remains transported to Pillars Cremation Service, mistakes in processing and shipping of the decedent's cremated remains resulting from the authorization, the failure of the Authorizing Agent or their designees to take possession of or make proper arrangement for the final disposition of the cremated remains, any damage from harmful or explodable implants, claims brought by any other persons claiming the right to control the final disposition of the decedent or the decedent's cremated remains, or any other action performed by Pillars Cremation Service, it's officers, agents or employees, pursuant to this authorization, excepting only willful negligence on the part of Pillars Cremation Service.

By the execution of this cremation authorization form, as Authorizing Agent, the undersigned warrants that all statements contained on this form are true and correct, that these statements were made to induce the Pillars Cremation Service to cremate the human remains of the decedent, and that the undersigned has read and understands the document "Pillars Cremation Service Policies, Procedures and Requirements", the provisions contained on this form, and that the individual has initialed the applicable portion.

Executed at _____ this _____ day of _____ 20 _____.

Name _____ Signature _____
Relationship to decedent _____ Phone # _____

Name _____ Signature _____
Relationship to decedent _____ Phone # _____

Name _____ Signature _____
Relationship to decedent _____ Phone # _____

Representation of Funeral Director

By executing this form as a licensed funeral director and agent of the funeral home indicated herein, which is serving as agent for the Authorizing Agent. I warrant to the best of my knowledge the following:

- 1) That funeral home named herein was responsible for making arrangements with the Authorizing Agent for the cremation of the decedent and that I reviewed this authorization form with the Authorizing Agent and witnessed their signatures.
- 2) That the representations contained herein concerning the decedent's identity, cause of death and regarding any infectious or contagious disease are true and that the representations made herein concerning a pacemaker and/or any other material or implant or treatment that may be potentially hazardous are true.
- 3) That any personal items/valuables not to be cremated with the deceased have been removed from the cremation container.
- 4) That the funeral director in charge has complied with all State rules and regulation governing cremation, for the State in which the death occurred and that the Pillars Cremation Service has permission to go forward with the cremation process.

Signature of Licensed Funeral Director

Name of Funeral Home

Cremation container _____

Urn/Container _____

Cremated remains will be:

Picked up at Pillars Cremation Service office by:

Delivered to U.S. Postal Service for shipment by Registered, Return Receipt mail to:

Name _____ Street _____
City _____ State _____ Zip Code _____