

ALL-STATE CREMATORY

1601 E. New York Street, Indianapolis, Indiana 46201

Cremation Authorization

NAME OF THE DECEDENT: _____

DATE AND TIME OF DEATH: _____

DATE OF BIRTH: _____

The undersigned, namely _____ (name)
_____ (address)

_____ (telephone) shall hereinafter be referred to as the "Authorizing Agent" and by completion and execution of this Cremation Authorization Certificate said Authorizing Agent does hereby authorize and direct **ALL-STATE CREMATORY**, its employees, agents and representatives to cremate the remains of the above named decedent.

By signing this Cremation Authorization certificate, the undersigned Authorizing Agent is acting under Indiana Code 23-14-31-27 and is further warranting to the **ALL-STATE CREMATORY**, its employees, agents, and representatives that:

The Authorizing Agent is related to the Decedent in the following manner: _____.

The Authorizing Agent has the authority and right under Indiana law to authorize the cremation of the remains of _____ (**decedent**) and that no other person has a superior right to that of the undersigned Authorizing Agent except the following person(s): _____ and that the Authorizing Agent has/had not been in contact with said person(s) and that the Authorizing Agent warrants that said person(s) has authorized the undersigned Authorizing Agent to sign this form on said person's behalf. In the event the Authorizing Agent has not been able to contact the person who has a superior right to that of the Authorizing Agent, the Authorizing Agent represents and warrants that the Authorizing Agent has made all reasonable efforts to contact said person, has been unable to contact said person, and has no reason to believe that the person would object to the cremation of the Decedent. In the event there is or are other person(s) who have equal right or superior right to control the final disposition of the remains of the Decedent then the Undersigned Authorizing Agent does expressly agree to hold **ALL-STATE CREMATORY**, its employees, agents and representatives, harmless and indemnify **ALL-STATE CREMATORY**, its employees, agents, and representatives, in the event that such person later objects to or claims that they did not so authorize and/or approve of said cremation.

The Authorizing Agent hereby directs **ALL-STATE CREMATORY**, its employees, agents, and representatives to cremate the remains of the above stated Decedent and does hereby acknowledge that the said cremation of the remains of the Decedent may take place anytime which is more than forty-eight (48) hours after the Decedent's death. The Authorizing Agent has made specific arrangements for any viewing of the Decedent prior to cremation or for a service with the Decedent present before cremation. If a viewing or service is planned, the date and time of the viewing or service shall take place at the following date, place, and time: None. **ALL-STATE CREMATORY** is authorized to proceed with the cremation upon receipt of the human remains.

The Authorizing Agent hereby states that the Decedent's remains do not contain any mechanical devices, such as, but not limited to, pacemaker, artificial joints, radioactive implants and/or any other radiation producing device which may cause injury and/or damage to the cremation chamber as well as any person performing said cremation. (If none, please so indicate here): _____. The Authorizing Agent has/had not instructed the funeral home to remove these devices prior to transporting the Decedent's remains to **ALL-STATE CREMATORY**.

The Authorizing Agent hereby states that the Decedent did/did not (circle one) receive radiation treatment prior to the Decedent's death. If the Decedent received radiation treatment, the type of treatment was: _____. The Authorizing Agent state the Decedent has the following infectious or contagious disease: _____

The Authorizing Agent hereby states and warrants that the Undersigned has identified the remains of the Decedent as _____ (decedent) which were delivered to All-State Cremation Service and have authorized and directed All-State Cremation Service to deliver the remains of the Decedent to **ALL-STATE CREMATORY** for cremation.

The Authorizing Agent expressly authorizes **ALL-STATE CREMATORY**, its employees, agent, and representatives to deliver said cremated remains to myself or my representative after the cremation of the Decedent's remains. The means of final disposition of the cremated remains will be: **return to the Family**. If the Authorizing Agent does not specify the final disposition in a grave, niche, or scattering area, the cremated remains may be held by **ALL-STATE CREMATORY** for not longer than thirty (30) days after cremation, at which time they will be returned to All-State Cremation Service who is required to hold them for not longer than sixty (60) days from the date of cremation prior to disposing of the cremated remains as previously authorized, or if there is no authorization then in any lawful manner. Before disposing of the cremated remains after the Authorizing Agent fails to claim the cremated remains during the sixty (60) day period the funeral home must first send written notice by certified mail return receipt requested to the Authorizing Agent explaining the intentions of the funeral home regarding the disposal of the cremated remains.

The Authorizing Agent hereby states that they understand that **ALL-STATE CREMATORY** may not sell non-organic recovered material from the Decedent's remains.

The Authorizing Agent hereby is by his/her signature asking **ALL-STATE CREMATORY**, its employees, agents, and representatives to carry out the cremation as directed herein and understands that **ALL-STATE CREMATORY**, its employees, agents, and representatives in carrying out the cremation as directed herein are relying on the accuracy of the statements, representations and warranties made by the Authorizing Agent in the instrument.

This Cremation Authorization was procured by: All-State Cremation Service
7602 Madison Avenue
Indianapolis, IN 46227

I, THE UNDERSIGNED AUTHORIZING AGENT, AFFIRM UNDER PENALTIES OF PERJURY THAT ALL OF THE REPRESENTATIONS SET FORTH ON THIS CREMATION AUTHORIZATION ARE TRUE AND CORRECT AND THE UNDERSIGNED HEREBY EXPRESSLY AUTHORIZES THE CREMATION TO PROCEED AS SET OUT HEREIN.

Signed at _____, Indiana this ____ day of _____, _____.

Printed: _____

AUTHORIZING AGENT

Witness Name (printed): _____ Witness Signature: _____

Name of the Funeral Director (printed): _____ FD Signature: _____