

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

*Cremation Services of Metro East*

www.cremationllc.com  
301 S. Lincoln Avenue, O'Fallon, IL 62269  
Phone 618-632-3713 Fax 618-632-3732

**AUTHORITY FOR CREMATION AND DISPOSITION**

A. I/We, the undersigned hereby authorize Cremation Services of Metro East, LLC, a.k.a. crematory, to take possession and make arrangements to cremate, or cause to be cremated, the body of \_\_\_\_\_, SS # \_\_\_\_\_ who died in \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, subject to and in accordance with the crematory's rules, regulations, policies, procedures and requirements as they appear on both sides of this document, which I/We have read, understand and accept, and I/We certify that I/We have the legal right to make such authorization, and further certify that no other relative or party in interest, of superior priority has expressed an objection to the cremation.

B. I/We certify that the deceased died of natural causes. If not, the disease declared to be infectious, contagious, dangerous, or communicable by the Illinois Department of Public Health must be listed here \_\_\_\_\_.

**APPROXIMATE WEIGHT OF DECEASED (see page 2/back #7)** \_\_\_\_\_.

**C. PACEMAKER/DEFIBRILLATOR:**  YES  NO **REMOVED:**  YES  NO

Any pacemaker, defibrillator, radiation producing device or explosive device has been removed. I/We will be liable for any damages to the crematorium or injury to any employee of the crematory, in the event of my failure to notify the funeral director in charge, and by doing so, I/We give permission to the funeral home for the surgical removal of same. All personal possessions that I/We want, have been returned to me and I/We have been advised that certain items, including, but not limited to body prostheses, dentures, dental bridgework, dental filings, jewelry, and other personal articles accompanying the remains, will be destroyed or rendered unrecoverable. I/We agree to hold Cremation Services of Metro East, LLC and its agents or assigns or employees harmless from any liability, claim, or cause of action, including attorney's fees and expenses of litigation concerning said authorization, cremation, shipment, return of possessions, and disposition of cremains, or any situation arising out of any decision indicated by this authorization, which may result in mental or physical distress or anguish or harm or financial loss to myself or other, including the act of identification or failure to identify the body. I/We understand that cremated remains are bone fragments and I/We authorize them to be reduced in size by pulverization, as is done in all cases.

D. I/We agree to hold Cremation Services of Metro East Crematory harmless and fully indemnify it for any reproduced copy of this form, which consists of one sheet front and back, for action that it takes based upon a facsimile transmission or other electronically reproduced copy of this form. I/We further that I/We will arrange for the original version of this document, which may have been faxed to me, that bears my actual signature, to be delivered to the crematory without delay.

E. The authorizing agents shall be responsible for the final lawful disposition of the cremated remains. Cremated remains may be disposed of by placing them in a grave, crypt or niche, or by scattering them in a scattering area as defined by law, or in any manner whatever on private property of a consenting owner. Final disposition of this cremation will be by: \_\_\_\_\_.

F. Any person executing this form as his or her authorizing agent on a pre-need basis shall mark one of the following: ( ) I do not wish to allow any of my survivors the option of cancelling my cremation and selecting alternative arrangements, regardless of whether my survivors deem a change to be appropriate OR ( ) I wish to allow only the survivor whom I have designated below the option of cancelling; my cremation and selecting alternative arrangements, if he/she deems a change to be appropriate.

G. The undersigned requests, contrary to the advice and recommendation of the Cremation Services of Metro East Crematory, that shipment or delivery, which I/We have ordered, to be made in a destructible temporary container, which is designed for short term use, and not recommended for shipment. I/We appoint Cremation Services of Metro East Crematory and the funeral home, as my agent to make shipment of said cremains via U.S. Postal Service or scheduled airfreight. I/We are aware that the crematory's services have been fully completed when the cremains are ready to leave the crematory, and that the crematory is only acting as my agent in carrying out instructions for shipment. Cremains left over 10 days will be mailed to either the authorizing agent or the funeral home.

H. ( ) Mail remains to \_\_\_\_\_

- ( ) Name of family member to pick up remains \_\_\_\_\_
- ( ) Funeral Director will pick up

I. \_\_\_\_\_  
Authorizing Agent Relationship Mailing Address City/State/Zip

\_\_\_\_\_  
Authorizing Agent Relationship Mailing Address City/State/Zip

\_\_\_\_\_  
Authorizing Agent Relationship Mailing Address City/State/Zip

J. I certify that I witnessed the signature above and the foregoing instrument is just and true and that I have identified the remains, and the remains delivered with this authorization are those of the above named deceased. All viewing and services to be conducted with the body present prior to cremation have been held and the crematory is free to proceed with the cremation upon receipt of these remains.

\_\_\_\_\_  
Funeral Home Mailing Address/City/State/Zip

X \_\_\_\_\_  
Funeral Director Signature Funeral Director's IL License Number

1. Cremation is performed by placing the body, which must be in a leak resistant, rigid cremation container with a solid bottom or prepared hardwood casket, within the cremation chamber where the temperature is raised to approximately 1400 to 1800 degrees Fahrenheit, and the body will be totally and irreversible destroyed by prolonged exposure to intense heat and direct flame. I/We authorize crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation. Upon completion of this cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metals (including dental fillings of gold or silver), and other nonhuman materials. The cremains (consisting of bone fragments, other materials, metals, etc.) are then raked from the chamber. The cremated remains will be separated. They may be affixed with some bone fragments or other human residue, and these materials will be disposed of by the crematory in an unrecoverable manner. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated remains are then encased in the specified urn. Unless suitable container is purchased or provided for the cremains, the crematory will place such cremains in a container which is designed for short term use. In the event the capacity of the urn or other container is insufficient to accommodate all of the remains of the deceased, the crematory is authorized to place them in two containers, and the Funeral Director and authorizing agent will be notified.
  2. The crematory makes a prudent effort to remove and recover all of the cremated remains from the crematory chamber, processing equipment and other tools or containers. It is impossible to remove or recover all cremated remains, as some bone particles and other human residue will remain on or within the equipment. It is further impossible to guarantee or warrant that some bone particle or other residue could not possibly be commingled with those of previously cremated remains. I/We authorize the crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
  3. The crematory reserves the right to accept or reject a cremation container constructed poorly or of noncombustible materials. Metal caskets will not be accepted. Plastic, rubber or fiberglass will not be accepted. I/We authorize remains received in an unacceptable container to be removed prior to the cremation and placed in an acceptable combustible container and the crematory reserves the right to make disposition of such noncombustible at its sole discretion. The crematory is authorized to remove casket or container lid, and is to cut a hole in same and discard handles or any other such materials including, but not limited to hinges, latches, nails, jewelry and precious metals, and to dispose of casket remnants or such materials in any lawful manner it deems appropriate. Said removal may prevent damage to the cremation chamber and other equipment or crematory employees.
  4. Embalming is recommended. By Illinois law, no body may be cremated until 24 hours after death. Cremation Services of Metro East Crematory does not provide long term custodial care for bodies or cremains.
  5. **Call Cremation Services of Metro East to arrange delivery. Additional fee may apply for deliveries after 5:00 pm weekdays, all weekends and holidays.**
  6. Unless previously authorized by the deceased, in accordance with applicable state law, no cremation may take place without written authorization of the next of kin or the legal representative of the deceased. The next of kin is the person or persons described in the following order: 1. Surviving spouse; 2. Person serving as executor; 3. Surviving adult children; 4. Surviving parents; 5. Surviving siblings; 6. Surviving aunts/uncles; 7. Surviving first cousins.
  7. We request 48 hours for return of cremains after the start of the cremation. Each body will be cremated separately. No unidentified body will be accepted for cremation. **Call for approval of any remains over 300 pounds. Additional fee may apply.**
  8. Payment in full is required before services are rendered.
  9. Unless I/We give specific requests in this authorization, the cremation, processing and disposition of the remains of the deceased will not be performed in accordance with any particular religious or ethnic customs. No one will be permitted to witness a cremation in progress. All pacemakers and silicone implants must be removed. All personal possessions must be removed prior to delivery to the crematory.
  10. All noncombustible materials delivered with the remains will be disposed of at the sole discretion of the crematory and will be manually or mechanically reduced in size so they may be discarded promptly, in an economical manner with other refuse in a nonrecoverable manner.
  11. Cremation is not final disposition. The cremation process simply reduces the decedent's body to cremated remains of several pounds and volume usually ranges between 125 to 200 cubic inches.
  12. No warranties expressed or implied are made and damages shall be limited to the refund of the cremation fee paid.
  13. **This authority to cremate form together with the public health permit and the coroner's permit to cremate, all properly signed MUST accompany the body to the crematory.**
  14. Special request:
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