

**Compassion Cremation Service
2109 Luann Ln
Madison, WI 53713**

Date _____

CREMATION AND DISPOSITION AUTHORIZATION

This Authorization Form must be completed and signed prior to the 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, so we will be pleased to answer any questions about the cremation process or the other information in this Form.

THE 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.

(Print all information except signatures.)

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ Date of Death: _____ Time: _____

Place of Death: _____ Sex: M F Age: _____ DOB: _____ S.S.: _____

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

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

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

OR

The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent has positively
(Initials) _____ Identified the photograph as that of the Decedent.

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.

Name of Funeral Home: Compassion Cremation Service Address: Madison,
WI

Crematory: _____ Address: _____

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____ Address: _____

Telephone No.: _____ Relationship: _____

4. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains. **As Authorizing Agent, I am responsible for removing all personal effect and Jewelry. By Initialing one of the following statements, I indemnify the funeral home, crematory or agents of all personal items left on the decedent.** As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains. **As Authorizing Agent, I am responsible for removing all personal effect and Jewelry. By Initialing one of the following statements, I indemnify the funeral home, crematory or agents of all personal items left on the decedent.** The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory and/or the Funeral Home shall hold the cremated remains for _____ (30) days after cremation. If during that _____ (30) 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 or Funeral Home may return the cremated remains to 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 _____ (30) 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 _____ (30) day period** because of the inaction of a party other than the Crematory or Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a scattering garden, 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 Crematory or Funeral Home immediately upon receipt of an invoice

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I am initialing one of the following three statements accordingly:

Authorizing Agent. I certify that I do not have actual knowledge of any living person who has a superior right to act as the
(Initials)

OR

Agent. That person(s) There is another living person(s) listed below who has a superior or equal right to act as Authorizing
(Initials) has provided me written permission to serve as Authorizing Agent.

OR

_____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing
(Initials) Agent. I have made
all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to
believe that such person(s) would object to the cremation of the Decedent's remains.

Name(s) of Other

Persons: _____

5. PACEMAKERS, IMPLANTS, AND PROSTHESES (SEE #5 ON REVERSE SIDE.)

Description	of	Devices:
<hr/>		

Please initial one of the following statements:

(Initials) The remains of the Decedent do not contain any of the Devices described in #5 on the reverse side.

OR

its services in As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above and to charge for
(Initials) making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose
of all such Devices.

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 in #5 on the reverse side all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

The Devices listed are to be removed and returned to the Authorizing Agent: _____

6. CASKET OR ALTERNATIVE CONTAINER (SEE #6 ON REVERSE SIDE.)

Casket or Alternative Container Selected: Fiberboard Box

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 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.

7. WITNESSES (SEE #7 ON REVERSE SIDE.)

(Initials) No witnesses.

OR

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(Initials)

(List of Witnesses)

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 on the reverse side 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. If you desire witnesses, you must initial #7 on the reverse side and list their names

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. 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 prostheses or dental bridgework) that are left with the remains 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-size 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

8 on the reverse
(Initials) As Authorizing Agent, I have read and understand the description of the cremation process contained in side 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 (SEE #10 ON REVERSE SIDE)

Urn selected by Authorizing Agent. Description of urn: _____
Urn _____
 Standard temporary shipping container provided by Crematory.

After the cremated remains have been processed, they will be placed in the urn listed on reverse side 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 11 below; provided, however, that the secondary container may not be designed for shipping.

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All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in #10 on the reverse side.

11. FINAL DISPOSITION (PLEASE INITIAL THE OPTION SELECTED AFTER READING #11 ON REVERSE SIDE)

following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth on the reverse side 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)

Crematory shall deliver (Initials) The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, 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: _____

Other: _____

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, have been removed by family or agent of the family or it will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to 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

Please initial one of the following:

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

OR

The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

(Initials)

Date: _____ Time: _____

15. CERTIFICATION AND INDEMNIFICATION

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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 the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, 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 the Authorization.

Executed at _____, this _____ day of _____.

Signature of Authorizing Agent: _____

Witness: _____