

Foster Funeral Service & Cremation

2109 Luann Lane
Madison, WI 53713

1650 Huebee Parkway
Beloit, WI 53511

I/We the undersigned ("Authorizing Agent(s)"), hereby authorize and request the Crematory/Funeral Home, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to take possession of and make arrangements for the cremation of the human remains of: _____ (the "decedent") and to arrange for final disposition of the cremated remains as set forth in this form. I/We have either made arrangements with the Funeral Home to identify the human remains that were delivered to the funeral home as the decedent, or I have elected to waive the right to identify the human remains at the Funeral Home. I/We have read the attached addendum to this document entitled "Cremation Policies, Procedures and Requirements," and hereby authorize the Crematory to perform the cremation of the decedent in accordance with that document.

IDENTIFICATION

Date of Death: ____ - ____ - ____

Time of Death: ____ : ____ a.m./p.m.

Place of Death: _____ County: _____ State: _____

Sex: _____ Race: _____ Age: _____

JEWELRY, PACEMAKERS, PROSTHESES, SILICONE AND RADIOACTIVE IMPLANTS

• Do the decedent's remains have any article(s) of jewelry or other personal items to be removed by the funeral director? ____ Yes/ ____ No

*If yes, items to be removed: _____

Any jewelry items not requested to be removed will be recycled, and the proceeds donated to charity.

• Mechanical, radioactive devices, or implants may create a hazardous condition when placed in the cremation chamber. All pacemakers and radioactive implants must be removed prior to the cremation procedure-taking place. I understand that by signing this form, I am authorizing the Funeral Home to remove such devices. I also understand that if I fail to notify the Funeral Home about such devices, that I/We are responsible for any damage caused to the Crematory or personnel by such devices.

Do the decedent's remains contain any such devices? ____ Yes/ ____ No

If yes, items to be removed: _____

Name: _____
No. _____

TIME OF CREMATION

The Crematory is authorized to perform the cremation upon receipt of the human remains, after all scheduled viewings have taken place, civic and medical authorities have issued all required permits, and 48 hours have passed from the time of death. The Crematory will schedule the cremation procedure at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions from the Authorizing Agent(s).

FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, the Crematory will arrange for the final disposition of the cremated remains as follows, and Authorizing Agents(s) hereby authorizes the Crematory to release, deliver, transport, or ship the cremated remains as specified. ***All remains held at the facility longer than 30 days are subject to a holding fee as set forth on the General Price List of the Funeral Home.***

Check one of the following:

1. _____ Retain the cremated remains at the Crematory to be picked up within 30 days. **A valid photo ID will need to be presented at the time of pick up.** Person(s) authorized to pick up cremated remains:

All remains held at the facility longer than 30 days are subject to a holding fee as set forth on the General Price List of the Funeral Home.

2. _____ Deliver cremated remains to the U.S. Postal Service for shipment. I understand that the Funeral Home is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Funeral Home assumes no responsibility after delivery to the Post Office, common carrier, or agent.

Mail to: _____

3. _____ Deliver to (cemetery name): _____ for the purpose of interment.

Type of Cremation Container

Selected: _____

Type of Urn selected: _____

Engraving on Urn if purchased through the Funeral Home: _____

TIME AND DATE OF SERVICE

After the Cremation is complete and if you are planning a Visitation, Memorial Service or Funeral Service. Please fill out the following. If you **are not** planning any of the three different types of services. Initial number one and sign.

1. ___ I/ We the Authorizing Agent **will not** have a ___ Visitation, ___ Memorial Service, or ___ Funeral Service.

2. ___ I/ We the Authorizing Agent **will have** a ___ Visitation, ___ Memorial Service or ___ Funeral Service on this date _____ at this time ___:___ am / pm. At this location _____.

Signature of Authorizing Agent: X _____ Date: _____

Signature of Funeral Director: X _____ Date: _____

AUTHORITY OF AUTHORIZING AGENT(S)

I/We hereby certify that the decedent left the following surviving heirs at law:

Spouse ___ Yes/ ___ No Name: _____

Children ___ Yes/ ___ No Name(s): _____

Parents ___ Yes/ ___ No Name(s): _____

Siblings ___ Yes/ ___ No Name(s): _____

Other ___ Yes/ ___ No Name(s): _____

Separate authorization(s), if necessary, shall be attached to, and be considered part of, this form.

SIGNATURE OF AUTHORIZING AGENT(S):

X _____

X _____

CERTIFICATION AND INDEMNIFICATION

CREMATION IS IRREVERSIBLE AND FINAL. READ CAREFULLY BEFORE SIGNING. THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.

Name: _____
No. _____

By executing this Cremation Authorization Form, as Authorizing Agent(s), I/We declare under penalty of perjury that the foregoing certifications, representations, and statements are true and correct, and that this statement is being made to induce the above named Funeral Home and Crematory to cremate (or caused to be cremated) the remains of the decedent named above. I/We agree to hold harmless, indemnify and defend the Crematory and its representatives, directors, officers, agents, employees and shareholders, from all claims, liabilities or damages whatsoever (including reasonable attorney fees) that may result from this authorization including the failure to properly identify the remains, failure to take possession of, or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied are made and damages shall be limited to the amount of the cremation fee paid.

I/We the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her: _____ or that I otherwise serve in stated capacity, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of Wisconsin, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

Signed this: _____ day _____ of , 20 _____

*Name: _____

Signature: X _____

Relationship to decedent: _____

Phone number: (_____) _____ - _____

Address: _____

*Name: _____

Signature: X _____

Relationship to decedent: _____

Phone number: (_____) _____ - _____

Address: _____

Representations of Funeral Director: I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of our Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that we identified to our Funeral Home as the decedent, and that our Funeral Home obtained all the necessary permits authorizing the cremation.

Signature of Funeral Director: _____

CREMATION POLICES, PROCEDURES AND REQUIRMENTS

CREMATION POLICES, PROCEDURES AND REQUIREMENTS

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of the Crematory. This document describes many of the policies and requirements of the Crematory and is incorporated in our Authorization for Cremation and Disposition Form. We suggest you take the time to read this document carefully before executing the Authorization for Cremation and Disposition Form.

REQUIREMENTS FOR CREMATION

Cremation will take place only after the following conditions have been met.

1. Any scheduled ceremonies or viewing have been completed.
2. 48 hours have transpired since the death occurred.
3. Civil and medical authorities have issued all required permits.
4. All necessary authorizations have been obtained, and no objections have been raised.

CASKET/CONTAINERS

All wooden caskets and alternative containers must meet the following standards: 1) be composed of materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for health and safety of funeral home and crematory personnel. Many caskets that are comprised primarily of combustible material also contain exterior parts, e.g. decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. The Crematory reserves the right to remove these noncombustible materials prior to cremation and to discard them with similar materials from other cremations in a non-recoverable manner. The Crematory reserves the right to open the container to verify the identity of the deceased. The above named Funeral Home/Crematory does not offer or accept metal caskets for cremation.

PACEMAKERS, PROSTHESES AND RADIOACTIVE DEVICES

Pacemakers and prosthesis, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices be removed prior to cremation. If the Crematory is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damage caused to the crematory, retort or personnel by such devices or implants.

THE CREMATION PROCESS

All cremations are performed individually. Cremation is performed by placing the deceased in a casket or alternative container and then placing the casket or alternative container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished by raising the temperature substantially (extreme temperature) and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and/or 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 and silver, 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, will be destroyed or if not destroyed, will be disposed of by the Crematory. Any material that is able to be recycled will be, and proceeds will be donated to charity. Arrangements must be made with the Funeral Home to remove such possessions or valuables prior to the time that the decedent is to be cremated. After a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average size adult, are then

Name: _____
No. _____

swept or raked from the cremation chamber. The Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations are a possibility.

After the remains are removed from the cremation chamber, all noncombustible materials (insofar as possible), such as dental bridgework, and materials from the casket or container such as hinges, latches, nails, etc. will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of with similar materials from other cremations in a non-recoverable manner. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from other material, they will be mechanically processed (pulverized). This 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 will be virtually unrecognizable as human remains.

URNS/CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will see to it that every reasonable effort is made to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Cremation Authorization Form.

FINAL DISPOSITION

The Crematory does not consider cremation as final disposition, nor is placing the cremated remains in storage at the Funeral Home final disposition. These cremated remains usually weigh several pounds and usually measure in excess of 150 cubic inches. Some provisions must be made for the final disposition of these cremated remains. Therefore, the Crematory strongly suggests that arrangements for final disposition be made at the time the Cremation Arrangements are made and that the Cremation Authorization Form is completed. If the final disposition of the cremated remains has not been completed within 60 days of the cremation, then the Crematory shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law. Such final disposition may include the commingling of the remains with other cremated remains, and thereafter the cremated remains of the decedent will not be recoverable.

SERVICES.

Before the cremation let the funeral director know if there is to be a Visitation, Funeral Service, or Memorial Service. This way we can adjust the schedule so we can have the remains back in a timely manor.

CREMATION IS FINAL AND IRREVERSIBLE