

TRI COUNTY CREMATORY
1150 SHAWNEE ROAD
LIMA, OH 45805

ANTEMORTEM PRENEED

CREMATION AUTHORIZATION

This authorization may be used by a living individual or by a guardian, custodian or other personal representative of that individual to authorize the cremation of the individual's remains following the death of the individual. Please note that this Antemortem Preneed Cremation Authorization may be revoked by the Authorizing Agent signing below at any time prior to the death of the individual. In addition, please note that a spouse and certain family members of a decedent, as well as other persons designated under Ohio law, are able to revoke the cremation authorization after the decedent's death and make alternate arrangements for the disposition of the decedent's body.

This 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.

IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____

Address: _____

Telephone Number: (_____) _____

Date of Birth: _____ SS#: _____

Please initial one of the following:

_____ This Authorization is being signed by the Authorizing Agent for the purpose of authorizing his or her own cremation.

OR

_____ This Authorization is being signed by the Personal Representative of the Authorizing Agent to authorize the cremation of the Authorizing Agent.

Name of Personal Representative: _____

Address: _____

Telephone Number: (_____) _____

Authority of Personal Representative (Check applicable box)

- The Personal Representative is the Legal Guardian of the Authorizing Agent.
- The Personal Representative is the Legal Custodian of the Authorizing Agent.

Original Antemortem Preneed Cremation Authorization Form to be delivered to Crematory, if selected.
Copies of the Antemortem Preneed Cremation Authorization Form to be delivered to funeral home and retained by Authorizing agent.

- The Personal Representative is authorized by a valid power of attorney, contract or by law to sign the Antemortem Cremation Pre-need Cremation Authorization on behalf of the Authorizing Agent.

The Authorizing Agent understands and agrees that upon the death of the Authorizing Agent, positive identification of the remains of the Authorizing Agent by a representative of the family or a personal representative will be required prior to cremation. The Authorizing Agent directs that such identification be undertaken.

FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes any licensed funeral director employed by the Funeral Home named below to arrange with the Crematory for the cremation of the remains of the Authorizing Agent upon the death of the Authorizing Agent.

Name of Funeral Home: CHILES-LAMAN FUNERAL AND CREMATION SERVICE

Address: 1170 SHAWNEE ROAD, LIMA, OHIO 45805 Phone: 419-228-5474

Crematory: Tri County Crematory

Address: 1150 Shawnee Road, Lima, Ohio 45805 Phone: 419-228-5474

THE CREMATION PROCESS

The cremation of the Authorizing Agent's remains may take place before or after ceremonies to memorialize the Authorizing Agent. Cremation is performed to prepare the remains for final disposition. It will be carried out by placing the 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. During the cremation process it may be necessary to open the cremation chamber and reposition the remains 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 prosthesis 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 arrangement must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Authorizing Agent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-sized adult, are then swept or raked from the cremation chamber.

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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 moved 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.

AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

____ As Authorizing Agent, I have read and I understand the description of the cremation process contained above and authorize the cremation, processing and pulverization of the cremated remains. I further authorize the Funeral Home to deliver the remains to the Crematory for the purpose of the cremation.

URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed below 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 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 below; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use:

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

FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth below to arrange the final disposition of the cremated remains of the Authorizing Agent. 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 Authorizing Agent to the Funeral Home.

_____ The Funeral Home, or in the event the cremated remains are not returned to the Funeral Home, the Crematory shall deliver the cremated remains of the Authorizing Agent for disposition as follows.

Deliver to _____ Cemetery with which arrangements have been made.

Deliver or release to:

Name: _____

Relationship: _____

Address: _____

Other: _____

_____ The Authorizing Agent understands that in the event the arrangements for the final disposition have not been carried out within the sixty (60) day period following the cremation because of the inaction of a party other than the Crematory or the Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The estate of 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.

PERSONAL PROPERTY

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All personal property and effects delivered with the remains of the Authorizing Agent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless written instructions are provided to the funeral home.

PRENEED FUNERAL ARRANGEMENTS

The Authorizing Agent represents as follows with regard to the funeral arrangements to be performed upon the death of the Authorizing Agent:

____ The Authorizing Agent has made preneed funeral arrangements with the Funeral Home.

OR

____ No preneed funeral arrangements have yet been made with the Funeral Home.

CERTIFICATION AND INDEMNIFICATION

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 that the estate of the Authorizing Agent shall indemnify and hold harmless the Funeral Home and Crematory, their officers, directors, employees, and agents from any claim, cause of action, cost or expense, 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 directors, statements, representatives, and agreements contained in this Authorization.

Executed by _____, this _____ day of _____.

Signature of Authorizing Agent: _____

Witness: _____

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