

Hoy-Kilnoski Funeral Home and Crematory, 1221 North 16th Street, Council Bluffs, Iowa 51501

Cremation Authorization & Disposition Form

The State of Iowa requires that this Authorization Form be completed and signed prior to the cremation process. Cremation is an irreversible and final process. It is important that you fully understand the information provided in this Authorization Form. Please feel free to ask for clarification if needed. We will be pleased to answer any questions about the cremation process or the information contained in this form.

IDENTIFICATION OF THE DECEDENT

Name of Decedent _____ Age _____ Male Female Sex _____ Social Security # _____
Date of Birth _____ Date Of Death _____ County and State of Death _____

AUTHORIZING AGENT As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains by initialing below.

Your Full Legal Name _____ Relationship _____
Address (include city, state and zip code) _____ Telephone _____

Authorizing Agent Must Initial One Of The Following Statements.

Initial One _____ As **Authorizing Agent** and pursuant to Iowa Statute Chapter 100*, I certify that I do not have actual knowledge of the existence of any living person who has a superior right to act as the Authorizing Agent.
_____ As **Authorizing Agent**, I am aware of a living person or persons who have a superior or equal priority right to act as Authorizing Agent. I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with the superior or equal priority right would object to the cremation of the Decedent.

Witnesses: Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Hoy-Kilnoski Funeral Home and Crematory and my designated funeral home from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present in the "Crematory Viewing Room" prior to and/or during the cremation process and/or during the removal of the cremated remains from the cremation chamber.

No witnesses will be present The following witnesses will be present:

Personal Property: All personal property and effects (including all jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, etc.) delivered to Hoy-Kilnoski Funeral Home and Crematory with the decedent, will be destroyed in the cremation process; unless **specific instructions (as noted below)** are given to an Hoy-Kilnoski Funeral Home and Crematory company representative at the time of delivery.

Special instructions for the removal of personal property and effects are as follows: _____

FINAL DISPOSITION: As the Authorizing Agent in charge I designate the disposition of all cremated remains of the deceased to:

- 1. Release the cremated remains to: _____ (the designated funeral home on record)
- 2. Release the cremated remains to the fore mentioned person (**identification must be presented at the time of receipt**):
Name: _____ Relationship: _____ Telephone: _____
- 3. Ship cremated remains to (a record of receipt will be required): Name: _____
Address: _____ Relationship: _____
City, State, Zip: _____ Telephone: _____
- 4. Inurnment of cremated remains at: _____ As the Authorizing Agent, I understand it is responsibility to make arrangements with the cemetery above. **All fees and charges will be paid in full prior to the scheduled inurnment date.**

My Initials to the following statement reflect that I have read, am fully aware of, and agree to the disposition of unclaimed cremated remains.

Initial Here

As Authorizing Agent, I understand that if, after a period of sixty (60) days after the date of cremation, I or my representative have not directed or otherwise arranged for the final disposition of the cremated remains for final disposition, Hoy-Kilnoski Funeral Home and Crematory, or my designated funeral home in possession of the cremated remains, may dispose of the cremated remains after making a reasonable attempt to contact me or my representative. I further agree to pay the Hoy-Kilnoski Funeral Home and Crematory, or my designated funeral home, \$250.00 for the proper disposal of the cremated remains, and that thereafter the cremated remains of the decedent shall not be recoverable.

_____ (Initials of Authorizing Agent)

URN OR TEMPORARY CONTAINER: Instead of the Standard Temporary shipping container provided by the Hoy-Kilnoski Funeral Home and Crematory, I have selected the following urn to place the decedent's cremains in: _____

FUNERAL HOME AND AUTHORIZING AGENT: The Authorizing Agent authorizes the below mentioned funeral home to act as it's agent in directing instructions to Hoy-Kilnoski Funeral Home and Crematory:

_____ Funeral Home

_____ Funeral Director In Charge

_____ Telephone

Address (Include City, State Zip)

CAUSE OF DEATH: Death Did Did Not occur from a disease declared by the Iowa Department of Health and Human Services to be infectious, contagious, communicable, or dangerous to the public health.

Initial Here

PACEMAKERS, IMPLANTS, AND PROSTHESES: The remains of the decedent Do Do Not contain pacemaker, radioactive, silicon, or other implants, mechanical devices or prostheses that may create a hazardous condition when placed in the cremation chamber and subjected to heat.

_____ I understand that I will be liable for any damages to the crematory or injury to the Crematory personnel.

If such devices exist, I instruct the Funeral Home to remove the following device(s): _____

The device(s) listed above was(were) removed by: _____ (Remover's Initials)

CERTIFICATION AND INDEMNIFICATION: The Authorizing Agent acknowledges that the Hoy-Kilnoski Funeral Home and Crematory is relying upon the directives received from the designated funeral home for the cremation of and disposition of the above mentioned decedent. 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 Hoy-Kilnoski Funeral Home and 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 crematory's and the funeral home's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization.

Sign Here

Signature of Authorizing Agent: _____ Relationship: _____ Date: _____

Signature of Authorizing Agent: _____ Relationship: _____ Date: _____

Signature of Authorizing Agent: _____ Relationship: _____ Date: _____

Signature of Witness: _____

Signature of Funeral Director in Charge: _____ Date: _____

* Iowa Statue Chapter 100 "Authorized Person" means that person or persons upon whom a funeral director may reasonably rely when making funeral arrangements including, but not limited to, embalming, cremation, funeral services, and the disposition of human remains pursuant to 2008 Iowa Acts, senate File 473, section 10.

Receipt of Cremains

In accordance to the State of Iowa laws and regulations this urn contains the cremated remains of the above mentioned decedent. My signature certifies that all of the information I have given today is accurate. I understand that as the decedent's Authorizing Agent or the fore mentioned person in the above FINAL DISPOSITION SECTION ITEM 2, I also agree to indemnify and hold harmless Hoy-Kilnoski Funeral Home and Crematory, or my designated funeral home, 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 crematory's and the funeral home's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization.

Signature of Authorizing Agent _____ ID: _____

Print Name _____ Relationship _____ Phone _____ Date _____

Address _____

Signature of Company Representative _____ Date _____