



# C — All-Care Cremation Center

Your Locally Owned Community Crematory



## AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

### THIS IS A LEGAL DOCUMENT

It Contains Important Provisions Concerning Cremation • Cremation Is Irreversible and Final • Read This Document Carefully Before Signing.

### REQUIREMENTS FOR CREMATION

Cremation Will Take Place **ONLY** after all the following conditions have been met:

1. Any scheduled viewings have been completed.
2. All necessary authorizations required by the family have been obtained, and no objections have been made.
3. 48 hours have transpired since the death occurred.
4. All civil and medical authorities have issued all required permits and authorizations.

### THE CREMATION PROCESS

Cremations performed by the All-Care Cremation Center are performed by placing an individual cremation container or prepared casket within the cremation chamber for the purpose of memorialization. The decedent is placed in the crematory chamber and through intense heat and flame (1400 to 1900 degrees Fahrenheit) the body and the container are reduced to basic components referred to as cremated remains. Upon completion of the calcine cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metal (including dental gold and silver), and other non-human material. Following a cooling period the remains (consisting of bone fragments, metal, etc.) are then raked from the chamber. The cremated remains will be separated from most metal (including dental gold and silver) and other non-human material to which may be affixed bone particles or other human residue. These materials will be disposed of in a nonrecoverable manner unless otherwise specified. The cremated remains are then mechanically processed (pulverized). Once processed, the cremated remains are then encased in the specified urn or temporary container. All-Care Cremation Center makes every reasonable and prudent effort to remove and recover all of the cremated remains from the cremation chamber, processing equipment and other subsequent tools or containers. It is impossible to remove or recover all remains and some bone particles and other residue will remain on or within the equipment. It is further impossible to guarantee or warrant that some bone particles or other residue could not possibly be commingled with those of previously cremated remains. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

\_\_\_\_\_ **I have Read The Above Description Of The Cremation Process And I Have No Further Questions About My Decision To Proceed.**

### DISCLOSURES, WARRANTIES AND PERMISSIONS (INITIAL EACH)

- \_\_\_\_\_ I/We understand that I/We wish to remove/retain any item from the remains (i.e. dental gold) I/We must do so myself or by Authorized Agent prior to the cremation process.
- \_\_\_\_\_ I/We understand that in the event the cremated remains have not been picked up by me or my designated representative within 30 days from the date of cremation, All-Care Cremation Center will place the cremated remains in a temporary container and place container in a mausoleum crypt. If I/We wish to obtain the temporary container, I/We will be obligated to pay the current opening and closing cost of the crypt.
- \_\_\_\_\_ I/We state that, to the best of my knowledge, the death **(was) (was not)** due to infectious or contagious disease. I understand that if I do not notify the crematory about death by infectious disease, I will be liable for any damages to the crematory or injured crematory personnel. In addition, the deceased **(does) (does not)** have pacemaker(s) or radioactive implants. Such devices must be removed by funeral director in charge prior to delivery to crematory. I assume financial responsibility for damage to crematory should devices not be removed. All-Care Cremation Center will not cremate human remains which have been diagnosed with Creutzfeldt-Jakob Disease or have been treated with Strontium 89.
- \_\_\_\_\_ I/We give full permission for the following: a. The incidental or inadvertent commingling of the cremated remains. b. The processing of the cremated remains and inadvertent commingling of the cremated remains. c. The disposal by All-Care Cremation Center of any metal or non-human material recovered to which any bone particles or other human residue may be affixed. *(Any funds generated from said disposal will be forwarded to The Wisconsin Juvenile Diabetes Foundation.)*

### CASKETS/RENTAL CASKET/ALTERNATIVE CONTAINERS DISCLOSURE (INITIAL ONE)

- \_\_\_\_\_ All-Care Cremation Center **DOES NOT** Accept Metal, Fiberglass or Plastic Caskets for Cremation. I/We have viewed a casket that is suitable and meets and/or exceeds All-Care Cremation Center's minimum standard set forth by this document. All-Care Cremation Center requires either a casket or alternative container for cremation.
- \_\_\_\_\_ I/We have rented a casket for use during the period of funeral and/or viewing for the deceased, for the arrangements which I/We have made. I/We have seen a picture or viewed this type of casket used for rental and find it to be satisfactory for my/our needs. I/We understand this rental casket has been used previously and will be reclaimed by the funeral home immediately prior to final disposition of the remains of the above named deceased.
- \_\_\_\_\_ I/We hereby authorize All-Care Cremation Center to use an alternative container which I/We have seen a picture of and will use for the final disposition of the body. An alternative container must meet the following standards: 1. Be resistant to leakage or spillage. 2. Be composed of readily combustible materials suitable for cremation. 3. Be able to be closed to provide complete covering of the deceased. 4. Be sufficient for handling with ease. 5. Be able to provide protection for the health and safety of Crematory personnel. 6. All-Care Cremation Center reserves the right to inspect all caskets and containers and to remove articles or substances which it deems to be noxious or injurious to life or equipment.

**WITNESS OF CREMATION PROCESS AND IDENTIFICATION**

\_\_\_\_\_ The undersigned has elected NOT to physically identify the remains and/or witness the initiation of the cremation process and hereby agree to indemnify and hold All-Care Cremation Center, its officers, directors, shareholders, affiliates, employees, successors and assigns hold harmless from any and all claims (including attorney's fees and expenses of litigation) brought by any person, firm, or corporation or the personal representative thereof, relating to or arising out of such failure to identify. **Authorizing Agent** \_\_\_\_\_

\_\_\_\_\_ The undersigned hereby requests to identify the deceased and/or witness the initiation of the cremation process at the All-Care Cremation Center. The undersigned assumes all liability for incorrect or mistaken identification and understands that the viewing of this process may be emotionally distressful and hereby agrees to indemnify and hold All-Care Cremation Center and its officers, directors, shareholders, affiliates, agents, employees, successors and assigns hold harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorney's fees and expenses of litigation brought by any person, firm or corporation or the personal representative thereof, arising out of the identification/witness. **Authorizing Agent** \_\_\_\_\_

**LEGALLY AUTHORIZED PERSONS (INITIAL ONE)**

The undersigned understands that Wisconsin law requires All-Care Cremation Center to receive written authorization for cremation from a legally authorized person and certify that they qualify as such in the manner noted below.

- \_\_\_\_\_ Undersigned is the surviving spouse of the decedent.
- \_\_\_\_\_ Undersigned are the surviving children (total # \_\_\_\_\_) of the decedent who are 18 years of age or older with there being no surviving spouse.
- \_\_\_\_\_ Undersigned is acting as legal guardian for decedent's children who are under 18 years of age.
- \_\_\_\_\_ Undersigned are the surviving parents (total# \_\_\_\_\_) of the decedent with there being no surviving spouse or children.
- \_\_\_\_\_ Undersigned are the surviving brothers and sisters (total # \_\_\_\_\_) of the decedent who are 18 years of age or older with there being no surviving spouse, children or parents.
- \_\_\_\_\_ Undersigned are the surviving grandchildren (total # \_\_\_\_\_) of the decedent with there being no surviving spouse, children, parents or siblings.
- \_\_\_\_\_ Undersigned are the surviving grandparents (total # \_\_\_\_\_) of the decedent with there being no surviving spouse, children, parents, or siblings.
- \_\_\_\_\_ Undersigned are the surviving next of kin of closest degree to the decedent as \_\_\_\_\_ with there being no surviving spouse, children, parents, siblings, grandchildren or grandparents.
- \_\_\_\_\_ Undersigned is the attorney-in-fact or health care surrogate of the decedent at the time of death and can serve as the legally authorized person since either no family exists or is available. There are no surviving persons as listed above and I am a friend or other person willing to assume the responsibility as the Authorized Agent.
- \_\_\_\_\_ In the absence of any of the above, by order of District Court.

**AUTHORIZATION TO CREMATE**

The undersigned hereby requests and authorizes All-Care Cremation Center, in accordance with and subject to its rules, regulations, and all state and local laws to cremate the remains of \_\_\_\_\_ who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. I/We certify and represent that we have the right to make such authorization and agree to indemnify and hold harmless All-Care Cremation Center, its affiliates, officers, agents, employees, and assigns harmless from any and all loss, damages, claims, demands, liability or causes of action (including attorney fees and expenses of litigation) in connection with the cremation, processing and disposition of the cremated remains as authorized herein. I/We understand All-Care Cremation Center will seek legal action towards the undersigned if there is any form of misrepresentation or fraud on my/our part while acting as the Authorizing Agents.

Signature (Authorizing Agent) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Signature (Authorizing Agent) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Signature (Authorizing Agent) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Signature (Authorizing Agent) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

**ORDER FOR DISPOSITION (INITIAL ONE)**

Return to family or designated representative. ONLY the person(s) name that appears on this form will receive the cremated remains. Positive identification must be confirmed at the time of pick-up from the All-Care Cremation Center or its affiliates.

\_\_\_\_\_ Cremated remains to be picked up by: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_ Inter said cremated remains in \_\_\_\_\_ cemetery/mausoleum.

\_\_\_\_\_ I appoint All-Care Cremation Center as my agent to make shipment of said cremated remains via U.S. certified mail receipt requested or scheduled air freight. I am aware that All-Care Cremation Center's service has been fully completed when the cremated remains have left the All-Care Cremation Center possession and I indemnify and hold harmless All-Care Cremation Center from any and all claims arising from such mailing.

Signature of Funeral Director as Witness \_\_\_\_\_ Date \_\_\_\_\_

**Receipt of Cremated Remains of \_\_\_\_\_**

Signature (Authorizing Agent) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_