

*** DO NOT PROCEED BEFORE READING***

**Who can Sign a Cremation Authorization?
(Must be completed after death occurs)**

All legal next of kin are required to sign the accompanying Cremation Authorization.

The legal next of kin would be one of the following, in this order:

- The surviving spouse or State registered domestic partner; OR
- All surviving adult children of the deceased; OR
- All surviving parents of the deceased; OR
- All surviving siblings of the deceased; OR
- Durable Power of Attorney for health care decisions, if it conveys to the agent the authority to make decisions concerning disposition of decedent's remains.

**ONE CREMATION AUTHORIZATION MUST BE COMPLETED BY
EACH LEGAL NEXT OF KIN**

**ALL LEGAL NEXT OF KIN MUST SIGN THE CREMATION AUTHORIZATION
DOCUMENTS IN FRONT OF NOTARY PUBLIC – NO EXCEPTIONS**



Fax to 913-738-5511 OR Email to director@midstatescremation.com

CREMATION AND DISPOSITION AUTHORIZATION

Requirements for Cremation

Cremation will take place **ONLY** after all the following conditions have been met: (1) All necessary authorizations required by the family have been obtained, notarized, and no objections have been made. (2) All civil and medical authorities have issued all required permits and 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.

THE CREMATION PROCESS

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. Upon completion of the Calcine Cycle all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials). 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 are then swept or raked from the cremation chamber. The cremated remains will be separated from most metal (including dental gold and silver) and other nonhuman material, to which may be affixed bone particles or other human residue. These materials will be disposed of in a non-recoverable manner unless otherwise specified. 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. The cremated remains are then mechanically processed (Pulverized).

It is important that you understand the cremation process that is described in 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.

_____ (Initial) I have read the above description of the cremation process and have no further questions about my decision to proceed.

Name of Decedent: _____ Date of Death: _____

Place of Death: _____ Sex: M F

Age: _____ DOB: _____ S.S.: _____



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1. IDENTIFICATION

The undersigned understands **NO** physical viewing will occur and has elected **NOT** to physically identify the deceased. All identification will be done through the Medical Examiners Office, Hospital, Nursing Home or other facility and grants the company permission to proceed at their earliest convenience, upon receipt of all approvals.

SIGN HERE

Signature (Authorized Agent) _____

I/We acknowledge that the funeral home's standard processes includes the capture and storing of the Decedent's finger or thumb print(s) that may be used by the family for creating memorial mementos or other memorialization. A digital print will be stored on a third-party site. I/We understand that if I/we decline the capture of fingerprints of the Decedent, that the Funeral Home cannot later provide fingerprints.

Initials of Authorizing Agent: Decline _____ **Accept** _____

2. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive or other implants, mechanical devices or prostheses (artificial joints-knee, hip, etc.) may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I/we have listed below all devices, implants, and materials (including mechanical; prosthetic; radioactive, silicone, plastic, or other medical and/or cosmetic implants) which may have been implanted in or attached to the Decedent. Please initial one of the following statements:

_____ **(Initials of Authorizing Agent)** The remains of the Decedent **DO NOT** contain a pacemaker or any other material or implant that may be potentially hazardous or cause damage to the cremation chamber or the person performing the cremation.

_____ **(Initials of Authorizing Agent)** As Authorizing Agent, I/we instruct the Funeral Home to remove (or have removed by a licensed medical/dental professional, as appropriate) any pacemaker or hazardous implants. Unless indicated directly below, the Funeral Home is to dispose of all such devices, including but not limited to, donation for refurbishment and use by charitable organizations.

The following listed devices are to be removed by an embalmer or licensed medical/dental professional, as appropriate, and returned to the Authorizing Agent: _____

3. CASKET OR ALTERNATIVE CONTAINER

The Porter Crematory **DOES NOT** accept Metal or Fiberglass caskets for cremation. An alternative container is described as a 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. I further understand that the casket or alternative container will be consumed as part of the cremation process.

4. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed _____ or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. 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.



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5. LEGAL AUTHORIZED PERSONS

- Undersigned is the agent for health care decisions established by a durable power of attorney for health care decisions (if it conveys to the agent the authority to make decisions concerning disposition of the decedent's remains)
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 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 (total #) with there being no surviving spouse, children, parents, siblings, grandchildren or grandparents.
In the absence of any of the above, by order of District Court.

6. AUTHORIZATION TO CREMATE

The undersigned hereby requests and authorizes the Porter Crematory, 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.

I/We certify and represent that we have the right to make such authorization and agree to indemnify and hold harmless Mid States Cremation L.L.C. , its affiliates, officers, agents, employees, and assigns harmless from any and all loss, damages, claims, demands, liability of 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 THE COMPANY 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.

Print Name (Authorizing Agent):

Signature (Authorizing Agent): SIGN HERE Relationship:

Address: Date: Telephone No.:

(NOTARY SEAL HERE)



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7. ORDER OF DISPOSITION-PICK UP AT CREMATORY - (BY APPOINTMENT ONLY)

ONLY THE PERSON(S) NAME THAT APPEARS ON THIS FORM WILL RECEIVE THE CREMATED REMAINS, DEATH CERTIFICATE(S), AND/OR PERSONAL PROPERTY OF THE DECEASED. PHOTO IDENTIFICATION MUST BE SHOWN AT THE TIME OF PICK-UP FROM THE COMPANY. THERE ARE NO EXCEPTIONS.

Cremated Remains to be picked up by:

1. _____ 2. _____ 3. _____ 4. _____

CREMATED REMAINS SENT BY REGISTER USPS MAIL TO:

Name _____

Address _____

Address 2 _____

City _____ ST _____ Zip Code _____

I am aware that Mid States Cremation L.L.C. services have been fully completed when the cremated remains have left the Crematories possession and I indemnify and hold harmless the company from any and all claims arising from such mailing.

Notary to complete information below

State of _____

County of _____

Signed or attested before me this _____ day of _____, _____

by _____

(name(s) of person(s))

(Signature of notarial officer)

Expiration date: _____

(SEAL)