

CREMATION SOCIETY OF MILWAUKEE

Name of Deceased: _____ Date of Death: _____

Authorization To Cremate

I (we), the undersigned ("Authorizing Agent"), hereby authorize and request **Cremation Society of Milwaukee** (Crematory) and **Max A. Sass & Sons**, in accordance with and subject to its rules and regulation, and any applicable Federal, State and Local laws, to cremate the human remains of: _____ ("decedent") and arrange for the disposition of the cremated remains, as set forth on this form.

AUTHORITY OF AUTHORIZING AGENT(S)

Cremation may only be performed after receiving written authorization of the legal next of kin and/or written authorization of all persons who share the same degree of kinship. If necessary, separate authorizations shall be attached to and will be considered a part of this authorization form.

I (we) hereby certify that the decedent is survived by the following heirs at law:

Spouse: ___ Yes ___ No Name: _____

Children: ___ Yes ___ No Names: _____

Parents: ___ Yes ___ No Names: _____

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are) and is (are) related as:

Certification

Therefore, I (we), the undersigned, hereby certify that I am (we are) the legal next of kin to the decedent and that I am (we are) related to the decedent as _____ or that I (we) serve in the capacity of _____ to the decedent, that I (we) possess full legal authority and power according to the laws of the State of Wisconsin to execute this cremation authorization and arrange for the disposition of the cremated remains of the decedent. In addition, I am (we are) aware of no objection to this cremation by any spouse, child, parent or sibling specified.

Signature of AA: _____ Date: _____ Time: _____

Representations

Date of Death _____ Place of Death _____
Sex ___ Age ___ Did the decedent die of natural causes? Yes ___ No ___
If no, explain _____
Did an infectious or contagious disease cause death? Yes ___ No ___
If yes, explain _____

Medical Devices

Medical, radioactive or mechanical (prosthetic) devices in or on the decedent create a hazardous condition during the cremation process. It is imperative that all such devices be removed prior to the start of cremation.

Please confirm the following:

The decedent's remains do ___ or do not ___ contain any mechanical or medical device (pacemaker, radioactive implant, etc) Initials of AA _____

The following list contains all existing devices (including mechanical and prosthetic devices) which may be implanted in or attached to the decedent: I (we) have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation. _____

Initials of AA _____

I (we) understand that if I (we) fail to notify the funeral home about medical devices, a pacemaker, implants or other devices, that I (we) will be liable for damages caused to the Crematory and/or injury to personnel due to such implant or device. The decedent is safe to cremate.

Initials of AA _____

CASKETS / CONTAINERS

The Crematory requires the decedent to be enclosed in either a casket or an alternative container for cremation. All containers for cremation must meet the following minimum standards: 1) be composed of a readily combustible material; 2) be able to be closed to completely cover the human remains; 3) be resistant to leakage of bodily fluids; 4) be rigid for handling; 5) provide protection for the health and safety of Crematory and Funeral Home personnel.

List Casket or Container Selected _____

Many caskets or alternative containers may contain exterior parts (decorator handles/rails) that are not combustible and possibly cause damage to the cremation equipment. The Crematory, at its discretion, reserves the right to remove non-combustible materials prior to cremation and discard the materials in a non-recoverable manner.

Cremation Society of Milwaukee will not accept metal, fiberglass or plastic caskets (polyvinyl chloride), as they are damaging to the cremation equipment and potentially injurious to the operator.

Explanation of the Cremation Process

Cremations are performed individually by a Licensed Funeral Director and by appointment only.

The deceased is placed into a casket or other container, which is placed into a cremation chamber where it is subjected to intense heat and direct flame. Through the use of a suitable fuel, incineration of the container and its contents is accomplished by raising the temperature to approximately 1600 – 2000 degrees Fahrenheit. After about one and a half-hours, all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold or silver) as the temperature is not sufficient to consume them.

Initials of AA _____

Cremation is irreversible. Due to the nature of the cremation process any personal possessions left with the decedent and not removed from the casket or container prior to cremation will be destroyed and be non-recoverable. The casket or container will not be opened by Crematory. **The Authorizing Agent(s) understand that arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to the Crematory.**

Initials of AA _____

Following a cooling period, the cremated remains are removed from inside the cremation chamber using a broom and rake. The Crematory removes not less than 100% of the recoverable cremated remains from the chamber, but it is impossible to remove microscopic particles, dust and residue that remain inside the chamber. Additionally, inadvertent, incidental and unintentional commingling of microscopic particles of cremated remains from previous cremations occurs. The Authorizing Agent(s) understands and accepts this fact.

Initials of AA _____

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework and materials from the casket or container (such as hinges, latches and nails), to which some cremated remains particles or residue may be affixed, are separated and removed from the human bone fragments by visible and/or magnetic selection and disposed of by the Crematory with similar materials from other cremations in a non-recoverable manner.

Initials of AA _____

When the cremated remains are removed from the cremation chamber, the skeletal remains may contain recognizable bone fragments. Unless otherwise specified, all bone and skeletal fragments are mechanically process (pulverized) into granulated particles making them unrecognizable as human remains, prior to their placement into the urn.

Initials of AA _____

Urns

After processing, all of the recoverable cremated remains are placed into a designated urn. Cremated remains for an average size adult weigh between four and eight pounds. The Crematory requires urns be constructed of a durable material, resistant to deterioration. An adult urn must contain a minimum of 200 cubic inches of capacity. In the event the original urn is of insufficient capacity to accommodate all of the cremated remains, the excess cremated remains that do not fit into the original urn will be placed into a separate receptacle. The separate receptacle will be kept with the original urn and handled according to the disposition instructions on this form.

Name-Description of Urn: _____ Sealed: Yes NO

Initials of AA _____

Scattering of Cremated Remains

The Authorizing Agent(s) understands that if disposition of the cremated remains includes scattering, that scattering is irreversible and makes any and all of the cremated remains unrecoverable after scattering. The Authorizing Agent(s) also understands that scattering performed in a common area containing other cremated remains means that the cremated remains will be commingled with particles of other cremated remains that have been previously scattered, rendering all or any part of the cremated remains unrecoverable.

Initials of AA _____

Limitation of Liability

The obligations of Crematory shall be limited to the cremation of the decedent and the release and or disposition of the decedent's cremated remains as specified and authorized on this form. **No warranties express or implied are made and damages shall be limited to the amount of the cremation fee paid.**

Initials of AA _____

Disposition

The cremation process rapidly reduces the human body and the skeleton to cremated remains. The funeral Home and Crematory requires that provisions for the disposition or transfer of the cremated remains be made at this time.

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains are placed into a designated urn, the cremated remains will be disposed of according to the written directions of the Authorizing Agent(s) as herein directed.

Instructions for Release of Cremated Remains

All cremated remains will be kept in a secure area at our Crematory office Located at 4747 S. 60th Street in Greenfield. The person(s) authorized to receive the cremated remains should make arrangements, 24 hours in advance, to pick up the cremated remains or have one of the Funeral Home staff deliver them to you. Please be prepared to show photo identification when receiving cremated remains. If special arrangements need to be made, please consult your funeral director.

The Authorizing Agent(s) hereby authorizes Crematory and Funeral Home to deliver, release, or mail the cremated remains as specified:

___(1) Deliver the cremated remains to _____
Cemetery, so that they may be _____

___(2) Release the cremated remains only to the following designated person:

Name _____ Phone # _____

Relationship _____

___(3) Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt Mail to:

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Crematory and Funeral Home, its officers, employees and agents from any and all claims, demands, causes or causes of action, including claims of mental or physical distress or anguish, and suits of every kind, nature and description, in law or equity, including legal fees and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains, the failure to take possession of or make proper arrangements for the disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other persons claiming the right to control the disposition of the decedent or the cremated remains, or any other action performed by Crematory or Funeral Home, its officers, employees or agents, pursuant to this authorization, excepting only acts of willful negligence.

Initials of AA _____

The Authorizing Agent(s) understands and agrees that the services of the Crematory will have been fully completed when the cremated remains are delivered to the place of disposition, released to the designated receiver or to the United States Postal Service. The Crematory and/or Max A. Sass & Sons Funeral Homes act only as an agent in carrying out these instructions. The Authorizing Agent(s) agrees to assume all liability for any damage, loss or harm that may arise from such delivery and agrees to indemnify and hold Crematory and Funeral Home harmless from any and all claims of mental/ physical distress, damage, loss, harm or injury that may result from mailing of cremated remains.

Initials of AA _____

By executing this cremation authorization form as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Crematory and Funeral Home to cremate the human remains of the decedent and that I (we) have the right to control the disposition and cremation of the decedent under the Laws of the State of Wisconsin, that we have had ample opportunity to ask questions, that all questions have been answered and that the undersigned have read and understand the provisions contained on this authorization form.

Initials of AA _____

Signature of Authorizing Agent(s) and right of Authority.

Executed at _____, this ___ day of _____, 20__.

Name: _____

Signature _____

Relationship to Decedent _____ Phone No. _____

Address _____

Name: _____

Signature _____

Relationship to Decedent _____ Phone No. _____

Address _____

Name: _____

Signature _____

Relationship to Decedent _____ Phone No. _____

Address _____

Name: _____

Signature _____

Relationship to Decedent _____ Phone No. _____

Address _____

Name: _____

Signature _____

Relationship to Decedent _____ Phone No. _____

Address _____

Licensed Funeral Director & License #

Name of Funeral Home

VERIFICATION OF IDENTITY OF DECEDENT

Name of deceased: _____ Date of death: _____

The undersigned hereby attests to the identity of the above-named decedent. The identification took place on _____, 20__, at _____ A.M./P.M.

The undersigned represents and warrants to be the next of kin to the decedent or the designated representative of the next of kin or the person(s) with the legal right and authority by law to identify the decedent.

The undersigned acknowledges he or she has had sufficient time and opportunity to properly identify the decedent before final disposition of the deceased's remains. The undersigned acknowledges there is no doubt or question about the identity of the decedent that is in the custody of the funeral home.

If verification of the identity of the deceased was performed by means other than visual identification (e.g., photograph, scars, tattoos, etc.), specify the means used:

The undersigned releases and discharges the funeral home and agrees to indemnify and hold harmless the funeral home, its affiliates, officers, directors, employees and agents from any and all liabilities, obligations, losses, damages, claims of mental or physical distress or anguish, costs or expenses of any nature whatsoever relating to or arising out of the misidentification of the decedent.

Signed this _____ day of _____, 20__ at _____.

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Representative of Funeral Home: _____