



CREMATION AUTHORIZATION

3855 KATZ DRIVE MARION, IA 52302
(319)377-1553 LICENSE #00604

CASE #: _____
DATE: _____

DATE OF CREMATION	TIME OF CREMATION
CREMATION ID#	OPERATOR (FD)
<input type="checkbox"/> 40 HOUR RULE MET?	<input type="checkbox"/> M.E. PERMIT

The undersigned hereby requests and authorizes Murdoch Funeral Homes & Cremation Service (hereinafter referred to as "the Crematory"), located at the above stated address, in accordance with and subject to their rules and regulations as well as those of the State of Iowa, to cremate the remains of:

NAME OF DECEASED: _____ AGE: _____ DOB: _____
 HEIGHT: _____ WEIGHT: _____ GENDER: M / F RESIDENCE: _____
 DATE OF DEATH: _____ TIME OF DEATH: _____ PLACE OF DEATH: _____
 CAUSE OF DEATH: _____ Natural Suicide Accident Homicide Pending

AUTHORIZING AGENT(S)

I (We), the undersigned, hereby warrant and represent that I (we) am either the Designee for Final Disposition (by Declaration of Designee) or the the closest living next of kin of the decedent, **as defined in Chapter 144C ("The Final Disposition Act") of the Iowa Code**, and that I (we) have full legal authority and power, according to the laws of the State of Iowa, to authorize the Crematory to arrange for the cremation and disposition of the above named decedent. I(We) acknowledge we are providing truthful information and are not withholding or failing to disclose any information regarding anyone in the same class or superior class. In the event that there is another person(s) who has superior right to that of myself, I hereby warrant that I have made all reasonable efforts to contact that person(s) and have no reason to believe that the person(s) would object to the cremation of the decedent (see *Unable To Locate addendum*). **** Majority is required by Iowa Code, however, Murdoch Funeral Homes & Cremation Services requires ALL to sign. **** My relationship to the decedent is:

- | | | | |
|---|---|---|---|
| 1. <input type="checkbox"/> Designee for Final Disposition | 4. <input type="checkbox"/> Parent(s)** | 7. <input type="checkbox"/> Grandparent(s)** | 10. <input type="checkbox"/> Medical Examiner |
| 2. <input type="checkbox"/> Spouse (if not legally separated) | 5. <input type="checkbox"/> Adult Grandchild(ren)** | 8. <input type="checkbox"/> Legal Next of Kin - named to inherit estate** | 11. <input type="checkbox"/> Court Order |
| 3. <input type="checkbox"/> Adult Child(ren)** | 6. <input type="checkbox"/> Adult Sibling(s)** | 9. <input type="checkbox"/> Friend (Willing to assume liability & financial responsibility) | |

Per Iowa Code, the Crematory cannot cremate any human remains until at least a period of 40 hours has passed from the time of death to allow for a Designee to come forward and make arrangements. Therefore, cremation cannot occur until (at the soonest):

INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____ 40 HOURS - TIME & DATE: _____

DISPOSITION OF CREMATED REMAINS

The remains of the deceased will not be accepted for cremation unless they are received in a leak resistant combustible container. The undersigned authorizing agent(s) authorizes the Crematory to remove and discard any handles, hinges, or any other items from the cremation container which may cause damage to the cremation chamber. Alternative Essential Viewing Standard Ceremonial Casket Other: _____

Urn/Container(s): _____
 Seal Urn/Container(s): No Yes No Yes **Allow cremated remains to be separated for additional urns, keepsakes, art glass or other requests after the original signing of this document if requested by any individual authorizing agent (and released according to additional request).**
 INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____

Keepsake(s): _____
 Seal Keepsake(s): No Yes
 INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____ INITIALS _____

Cremation Jewelry/Art Glass: _____

Urn Vault: _____

Burial / Inurnment by Murdoch Funeral Homes at: (name of cemetery) _____

Release Cremated Remains Release to: _____
 (Photo ID required to receive remains)

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____

Ship the Cremated Remains via U.S. Mail to: _____
 Crescent Art Glass for the production of Art Glass Keepsakes

The Crematory is authorized to place the cremated remains in the above mentioned container(s). The cremated remains shall be buried, released and/or mailed as indicated. The funeral home and crematory are not responsible for any loss or damage of cremated remains shipped via Priority Mail Express with the United States Postal Service.

If the undersigned authorizing agent wishes to retain the cremated remains either temporarily or permanently, **the authorizing agent or a pre-determined personal representative of the authorizing agent (as indicated above) must take possession of the cremated remains within 30 days of the date of cremation.** During that period, the authorizing agent agrees to hold harmless the Crematory from any liability resulting from any loss of the aforementioned remains while in their possession. After 60 days, as allowed by the Iowa Code, abandoned cremated remains will be inurned at Murdoch-Linwood Cemetery Mausoleum in Cedar Rapids and the undersigned will be liable for any and all interment and/or recovery costs.

PACEMAKER, MEDICAL DEVICES/IMPLANTS & HAZARDOUS MATERIALS

The undersigned authorizing agent has been advised that no Iowa crematory shall cremate human remains when it has actual knowledge that the human remains contains a pacemaker, has been subjected to radioactive nuclear therapy or has any implants or materials which will present a health hazard to those performing the cremation and/or processing and pulverizing the cremated remains. In the event that the decedent does have a pacemaker, internal defibrillator or another such device which is potentially hazardous and explosive, I (we) authorize the Crematory to remove the device from said remains and to dispose of it. It is understood that these devices discarded as deemed appropriate by the Crematory (including through a recycler) and will not be returned. Any other items that may explode or cause damage to the crematory are not allowed. This would include such things as ammunition, gun shells or explosive liquids including alcohol. In the event that the crematory does not receive proper notification of the presence of the aforementioned hazardous items, the undersigned authorizing agent(s) agrees to accept liability for consequential contamination of the cremated remains and/or the facility, and any/all damages sustained by the funeral home, the crematory, its officers, its employees and its agents as a result of improper notification.

No Yes **Does the above named decedent have a pacemaker, internal defibrillator, radioactive nuclear materials, or any potentially hazardous implants or materials?** LIST: _____

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REFRIGERATION/EMBALMING OF DECEASED

Iowa law requires the refrigeration or embalming of a deceased individual if not cremated, embalmed or buried within 72 hours of time of death. By law an additional 72 hours is permitted prior to cremation if refrigeration is provided. If all signatures are not received by the Crematory within 72 hours from the time of death, refrigeration will be utilized and will be charged at the current daily rate. If after the additional 72 hours all signatures are not received by the Crematory, embalming is required and will be charged at the current rate. By initialing you authorize refrigeration and the embalming (or attempt to embalm) if all signatures aren't received within the legal required times. Charges will be automatically billed to the responsible party on the funeral purchase contract.

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CREMATION PACKAGE SELECTION & IDENTIFICATION OF DECEASED

Because cremation is irreversible and final, it is required by the Crematory that one (1) individual adult visually identify the body of the deceased. **In the event that embalming has not been performed, some natural decomposition and deterioration may be present as a result thereof.** The deceased's body will be placed into the cremation container selected by the authorizing agent(s) before the identification takes place. I (We) agree to release, hold harmless, and forever discharge the Crematory, its officers, their employees, and their agents from all claims, demands, and causes of actions taken by myself and/or any individuals I (we) choose to include in this identification/viewing (including negligence, claims for liability, costs, expenses, court costs, or legal fees that I (we) may have now or may subsequently arise) stemming from viewing (either in person or by photograph) the unembalmed remains of the decedent. Should I (we) elect to identify via photograph, I (we) give my express written authorization to photograph the decedent with the full understanding that the photo cannot be shared or retained by the family for any reason. Furthermore, I (we) acknowledge that I (we) have been asked to personally identify the deceased, either in person or by photograph (unless identification was not able to be performed) and assume full responsibility for any failure to correctly identify the deceased. I (We) have selected the following cremation option (which includes identification):

PACKAGE SELECTED (INCLUDES IDENTIFICATION):

- Gathering & Ceremony of Choice** - includes public/private gathering with decedent's body present
- Memorial Gathering of Remembrance** - includes family farewell time prior to cremation (up to 2 hours during business hours)
- Minimum Cremation** - includes 30 minutes of goodbye time for immediate (spouse, children and/or parents) family members (during business hours)
- Limited Direct Cremation** - includes no family viewing or goodbye time. One person does positive identification at time of arrangements.
- General Assist. (County) / VA Assist.** - No family viewing or goodbye time. One person does positive identification at time of arrangements.
- Other:** _____

CLOTHING & PERSONAL ITEMS

Whenever possible Murdoch Funeral Homes & Cremation Service will dress the deceased for the above selected package identification. You may provide clothing or we will use a hospital type gown. The deceased will be cremated in the clothing or gown and it will not be returned.

Personal items are allowed to be placed with the deceased. Hazardous items are not allowed to be placed with the deceased for cremation.

PERSONAL ITEMS TO BE CREMATED

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PERSONAL ITEMS TO BE RETURNED PRIOR TO CREMATION

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- Location:** _____ **Date:** _____ **Name:** _____
Signature: _____ **Relationship to Deceased:** _____
- Photo Identification** (Photo cannot be retained/shared by family) **Date:** _____ **Name:** _____
Signature: _____ **Relationship to Deceased:** _____
- Identification Cannot Be Performed (Reason):** _____
Name: _____ **Signature:** _____ **Relationship to Deceased:** _____

ACKNOWLEDGMENTS OF CREMATION PRACTICES & LIMITATIONS OF LIABILITY

Cremation is performed by placing an **individual** cremation container or prepared casket, containing the deceased, within the cremation chamber where the temperature is raised to approximately 2,000 degrees Fahrenheit. A metal identification disc containing the cremation identification number is placed into the cremation chamber and is kept with the remains throughout the cremation process. During the cremation process, it may become necessary to open the cremation chamber and to reposition the remains to facilitate proper cremation of the body. Upon completion of the cremation cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metals (including body prostheses, dental gold, silver and bridges, hinges, screws and latches from the cremation container, etc.) and other non-human materials. When the cremated remains are removed from the cremation chamber, large bone fragments and pieces of metal are commonly visible. Metallic pieces are removed (insofar as possible) by magnet and visible inspection and these materials are collected and disposed of by the Crematory in a non-recoverable manner. The cremated remains are then mechanically processed (pulverized). Due to legal and moral obligations, reasonable and prudent efforts are made to remove and recover all cremated remains from the cremation chamber, processing equipment, tools and containers. However, it is impossible to remove/recover all cremated remains; some bone particles and other residue will remain on or within the cremation chamber and processing equipment. It is therefore impossible to guarantee or warrant that some bone particles or other residue could not be commingled with those of previously cremated remains. Furthermore, it is possible that all of the cremated remains will not fit into the selected urn or container provided. Should this occur, I (we) authorize the Crematory to place the additional remains into a small temporary container.

As the Authorizing Agent(s), I (we) **hereby authorize the disposal/recycling of any metallic and non-human materials (along with similar materials from other cremations) in a non-recoverable manner deemed appropriate by the Crematory.** I (We) understand that if I wish to remove and/or retain any such items, that I (we) must do so in writing at this time. I (We) accept full responsibility for removal and retention of such items. Furthermore, I (we) hereby agree to indemnify, defend and hold harmless Murdoch Funeral Homes & Cremation Service, its officers, its employees and its agents, from any and all claims, demands, causes or causes of actions, and suits of every kind, nature, and description, in law or equity, including any legal fees, costs 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 transported to the Crematory, the processing, shipping (including shipping of cremated remains or portions thereof to independent cremation merchandise manufacturers via US mail), and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, its officers, its employees, or its agents, pursuant to this authorization, excepting only acts of willful negligence. Murdoch Funeral Homes & Cremation Service (a.k.a. the Crematory), in conducting this cremation, is relying on the accuracy of all the information and representations of the parties authorizing the cremation. Accordingly, the obligations of Murdoch Funeral Homes & Cremation Service shall be limited to the cremation of the decedent, and the disposition of the decedent's cremated remains as authorized on this document. No warranties express or implied are made and damages shall be limited to the amount of the cremation fee paid.

Failing to provide the Crematory with all required signatures within the State of Iowa required time frame, will result in additional charges for refrigeration and embalming. I(We) authorize refrigeration and embalming (or attempt to embalm) the deceased when signatures are not provided to the Crematory within the time frame required by law. I(We) acknowledge charges will be automatically billed to us for such service(s) and due according to the terms of the funeral purchase contract.

SIGNATURE(S) OF AUTHORIZING AGENT(S)

I (We) have read, understand and approve of the aforementioned crematory practices and understand the limitations of liability listed above.

NAME (PRINT)	RELATIONSHIP TO DECEASED	SIGNATURE	DATE
NAME (PRINT)	RELATIONSHIP TO DECEASED	SIGNATURE	DATE
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NAME (PRINT)	RELATIONSHIP TO DECEASED	SIGNATURE	DATE
NAME (PRINT)	RELATIONSHIP TO DECEASED	SIGNATURE	DATE
NAME (PRINT)	RELATIONSHIP TO DECEASED	SIGNATURE	DATE
NAME (PRINT)	RELATIONSHIP TO DECEASED	SIGNATURE	DATE
SIGNATURE OF FUNERAL DIRECTOR	LICENSE #		

ELECTRONIC TRANSMISSION APPROVAL - Emailed or Faxed

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 authorize Murdoch Funeral Homes & Cremation Service to cremate the human remains of the decedent, and that the undersigned have read, understand, and agree to all provisions contained on this form.

I hereby warrant that I am the person, or one of the persons, listed on this document as the Authorizing Agent(s), legally permitted to authorize the cremation and disposition of _____ (decedent) and that I have executed this form in the presence of a Notary Public, as described below. In addition, I am not aware of any objection to this cremation by any spouse, child, parent, sibling or legal next-of-kin as specified on this authorization form. In addition to all other authorization, representation and warranties contained in this Cremation Authorization, I hereby authorize Murdoch Funeral Homes & Cremation Service to cremate said human remains upon receipt of an executed facsimile or electronic copy of this form. I agree to hold Murdoch Funeral Homes & Cremation Service (a.k.a. the Crematory) harmless and to fully indemnify it for any such action that it takes based upon said facsimile or electronic transmission or any other reproduced copies of these forms. I further warrant that I will arrange for the original version of these documents, that bear my actual signature and initials, to be delivered directly to Murdoch Funeral Homes & Cremation Service without delay. *** **ATTACH COPY OF GOVERNMENT ISSUED PHOTO ID** ***

NAME (PRINT)	RELATIONSHIP TO DECEASED	SIGNATURE	DATE
NOTARY ACKNOWLEDGEMENT			
STATE OF _____		COMMISSION # (If Applicable) _____	
COUNTY OF _____			

I am a Notary Public and I hereby confirm that _____, whose signature is set forth above as "Authorizing Agent(s)," executed this supplemental section of the Cremation Authorization Form in my presence.

Subscribed to and sworn before me this _____ Day of _____, 20 _____

SIGNATURE OF NOTARY PUBLIC (Black Ink)

REQUEST FOR ADDITIONAL CREMATED REMAINS SEPARATION

— COMPLETE ONLY IF ADDITIONAL SEPARATION OF CREMATED REMAINS IS REQUESTED AFTER INITIAL SIGNING OF THIS AUTHORIZATION —

Name of Deceased _____ Date of Request _____

The undersigned is requesting cremated remains be separated out and returned as indicated below. All authorizing agents must have initialed on page one of this authorization allowing the additional removal/separation of cremated remains. (If box is marked NO on page one and additional separation of cremated remains is requested ALL authorizing agents must re-sign page one.) The additionally requested separated portion(s) of cremated remains can ONLY be released as indicated below and a Government Photo ID is required at time of signing this authorization and at time of receiving cremated remains.

Urn/Keepsake/Container: _____ Seal Urn/Container: No Yes

Urn/Keepsake/Container: _____ Seal Urn/Container: No Yes

Urn/Keepsake/Container: _____ Seal Urn/Container: No Yes

Urn/Keepsake/Container: _____ Seal Urn/Container: No Yes

Release Cremated Remains Release to:

(Photo ID required to receive remains)

NAME RELATIONSHIP TELEPHONE

Authorizing Agent Signature:

NAME (PRINT) RELATIONSHIP TO DECEASED SIGNATURE DATE

SIGNATURE OF FUNERAL DIRECTOR LICENSE #