



HARRY W. MOORE CHAPEL
 8151 Allisonville Rd. • Indianapolis, IN 46250
ARRANGEMENT OFFICE
 6249 S. East St. (US 31) • Suite B • Indianapolis, IN 46227
THE POINT CHURCH & COMMUNITY CENTER
 2578 Donica Rd. • Greenwood, IN 46143
(317) 636-6464 IndianaFuneralCare.com



Authorization For Cremation And Disposition

Cremation Number: _____ Cremation Date: _____

The State of Indiana requires that this Cremation Authorization Form 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. It is important that you understand the cremation process that is described in Section 6 of 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.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE CREMATORY.

1. IDENTIFICATION OF THE DECEDENT (Print all information except signatures.)

Name of Decedent _____ Date of Death: _____ Time: _____

Place of Death: _____ Sex: M F

Age: _____ DOB _____ Social Security Number: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

- (Initials) _____ The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent. - **OR** -
- (Initials) _____ The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent. - **OR** -
- (Initials) _____ The Authorizing Agent has authorized the Crematory to photograph the remains and the Authorizing Agent has positively identified the photograph as that of the Decedent.

2. FUNERAL HOME AND CREMATORY The Authorizing Agent directs the Harry W. Moore Funeral Care and Crematory (the "Crematory") to carry out the cremation as specified below.

Name of Funeral Director who obtained this Cremation Authorization: _____

3. IDENTIFICATION OF AUTHORIZING AGENT (SEE #3 ON REVERSE SIDE)

Name of Authorizing Agent: _____ Address: _____

Telephone Number: _____ Relationship: _____ Choose letter from selection in #3 on reverse side.

4. AUTHORITY OF AUTHORIZING AGENT As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

- (Initials) _____ As Authorizing Agent, I have filled in Section 3 above. I understand that any living person who meets the qualifications of any level above or equal to the one I filled in would have a superior or equal right to act as the Authorizing Agent. I do not have actual knowledge of the existence of any living person who has a superior or equal right to act as the Authorizing Agent. - **OR** -
- (Initials) _____ As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person or persons who have a superior priority right to act as Authorizing Agent. I have made all 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 priority right would object to the cremation of the Decedent. - **OR** -
- (Initials) _____ As Authorizing Agent, I have filled in Section 3 above. I am aware of a living person or persons who has an equal priority right to act as Authorizing Agent. Of the persons with equal priority rights that I was able to contact, after using reasonable efforts to do so, I certify that a majority of them agree to the cremation of the Decedent's remains.

5. PACEMAKERS, IMPLANTS, AND PROSTHESES (SEE #5 ON REVERSE SIDE.)

Description of Devices : _____

Please initial one of the following statements:

- (Initials) _____ The remains of the Decedent do not contain any of the Devices described in #5 on the reverse side. - **OR** -
- (Initials) _____ As Authorizing Agent, I instruct the Funeral Home to remove each Device (except for a radioactive device) listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices.

The Devices listed are to be removed and returned to the Authorizing Agent: _____



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3. IDENTIFICATION OF AUTHORIZING AGENT

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows:

- (a) The Authorizing Agent is the person appointed to carry out funeral and disposition arrangements by the Decedent in a funeral planning declaration or the person named in the United States Department of Defense DD Form 93.
- (b) The Authorizing Agent is the person granted the authority to carry out funeral and disposition arrangements under the Decedent's power of attorney or health care power of attorney.
- (c) The Decedent's surviving spouse.
- (d) The Decedent's surviving child or children.
- (e) The Decedent's surviving parent or parents.
- (f) The Decedent's surviving sibling or siblings.
- (g) In the absence of the living relatives of Decedent, if any, listed above, the Authorizing Agent is an individual in the next degree of kinship under IC 29-1-2-1 to inherit the estate of the Decedent.
- (h) A funeral home carrying out a valid prepaid funeral plan for the Decedent.
- (i) If the final disposition of the Decedent's remains are the responsibility of the state or township, the public administrator, including a township trustee or designee, the coroner, or a state appointed guardian responsible for arranging the final disposition of the remains.
- (j) Any person willing to assume the right of disposition.

5. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive implants, other implanted battery-powered devices, or certain prosthetics may create a hazardous condition when placed in the cremation chamber and subjected to heat. Examples of these devices include, but are not limited to, the following:

- Pacemakers
- Implantable Cardiovascular Defibrillators (ICDs)
- Cardiac Resynchronization Therapy Devices (CRTDs)
- Implantable Drug Pumps
- Neurostimulators (including for pain and functional electrical stimulation)
- Bone Growth Stimulators
- Hydrocephalus Programmable Shunts
- Fixion Nails
- Radioactive Seeds (Brachytherapy)
- Any other battery powered implant

As Authorizing Agent, I have listed in #5 on the reverse side all devices which may have been implanted in or attached to the Decedent. If radioactive implants have been used in the procedure known as seed brachytherapy within one year of the time of death, cremation may not be



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6. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

(Initials) _____ As Authorizing Agent, I have read and understand the description of the cremation process contained in #6 on the reverse side and authorize the cremation, processing and pulverization of the remains of the Decedent.

7. URN OR TEMPORARY CONTAINER (SEE #7 ON REVERSE SIDE)

- Urn selected by Authorizing Agent. Description of urn: _____
- Standard temporary shipping container provided by Crematory.

8. FINAL DISPOSITION (PLEASE CHECK THE OPTION SELECTED AFTER READING #8 ON REVERSE SIDE)

The Crematory shall deliver the cremated remains of the Decedent for disposition as follows:

- Deliver to _____ cemetery which with arrangements have already been made.
- Deliver or release to:
 Name: _____ Relationship: _____
 Address _____
- Other: _____

9. PERSONAL PROPERTY All personal property and valuables delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to Authorizing Agent: _____

10. VIEWING AND FUNERAL CEREMONIES Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a viewing and/or funeral ceremony as set forth below:

Date(s): _____ Time(s): _____ Place of Ceremonies: _____

11. TIME OF CREMATION Under Indiana law, the cremation of the Decedent's remains cannot take place until 48 hours have elapsed from the time of death. If the remains are not embalmed and if the cremation is not to occur promptly after the Crematory receives the remains, the Crematory will place the remains in a refrigerated facility for which there will be a daily charge.

Decedent's remains: are to be embalmed. are not to be embalmed.

Please initial one of the following:

(Initials) _____ The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without any further notification to the Authorizing Agent. OR

(Initials) _____ The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date(s): _____ Time(s): _____

12. CERTIFICATION AND INDEMNIFICATION The Authorizing Agent acknowledges that the Crematory is relying upon the representations being made by the Authorizing Agent in this Cremation Authorization. The Authorizing Agent certifies that all of the information and statements contained in this Cremation Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Crematory, its 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 reliance on or performance consistent with the directions, statements, representations and agreements contained in this Cremation Authorization.

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

Signature of Authorizing Agent: _____

Witnessed by Funeral Director: _____



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6. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. 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. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

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 Crematory to remove any such possessions or valuables prior to the time of cremation.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. 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.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain. The Crematory is prohibited by Indiana law from selling non-organic material recovered from human remains.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. After the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

7. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed on reverse side or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. 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 instruction set forth in Section 8 below; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in Section 7 on the reverse side.

8. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory to undertake the actions set forth on the reverse side to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory utilize Priority Mail Express through to U.S. Postal Service with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Cremation Authorization, the Crematory shall be required to hold the cremated remains for no more than sixty (60) days after cremation.

If no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than the Crematory, then the Crematory may dispose of the cremated remains in any manner permitted by Indiana law. Prior to carrying out the disposition of the unclaimed cremated remains, the Crematory shall first send written notice by certified mail return receipt requested to the Authorizing Agent explaining how the disposition will take place or if the Crematory will continue to hold the cremated remains. The Authorizing Agent shall be liable for the cost of such final disposition and shall reimburse the Crematory immediately upon receipt of an invoice.