

# Anatomical Gift Association of Illinois

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## AUTHORITY TO CREMATE – HOLD HARMLESS – DISPOSITION OF ASHES

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The undersigned hereby authorizes the Anatomical Gift Association (AGA) and its agents to receive, prepare, preserve, distribute, and cremate the remains

of: \_\_\_\_\_  
Donor

\_\_\_\_\_  
XXXX-XX-\_\_\_\_\_  
Last four digits of social security number

I certify I have the legal right to make such an authorization. I understand that the next of kin, executor, or other responsible individual must arrange to have the unembalmed remains transferred to the AGA by a licensed funeral director at their expense. I also understand that the AGA reserves the right to decline the gift if, in its opinion, the gift is not suitable for donation for any reason. In the event of refusal of remains, I understand that the next of kin, executor, or responsible individual assumes responsibility for making alternative arrangements.

**DISPOSITION OF CREMATED REMAINS:** The AGA will return cremated remains to the next of kin or another party, if desired, free of cost. If the cremated remains are requested to be sent to a funeral home, arrangements must be made separately with the funeral home. Please choose **ONE** option below to indicate the desired final disposition of cremated remains.

- Ashes need **NOT** be returned. The final resting place of ashes shall be determined and respectfully undertaken by the AGA, at the expense of the AGA, in accordance with the laws of the State of Illinois. This includes perpetual donation.
- Ashes should be returned to the individual/entity set forth immediately below, prepaid by the AGA, via U.S. Mail. I am aware that the ashes may not be returned for three years or more.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

I hereby represent that I am of the same and nearest degree of relationship to the deceased and/or am legally authorized or charged with the responsibility for disposition of his/her body after cremation. I understand that the AGA has no obligation to return any pacemaker, radiation producing device, or implants, including without limitation to any prosthetics or prosthetic devices. All personal possessions have been returned to me. I agree to hold AGA and its agents or assigns harmless from liability, claim or cause of action concerning said authorization, cremation, shipment, personal possessions and disposition of remains, or arising out of any decision indicated by this authorization which may result in mental or physical distress or anguish or harm or financial loss to myself or to others, including the act of identification or failure to identify the body. I acknowledge that in reviewing and signing this document I have had the opportunity to review it with an attorney of my choice.

\_\_\_\_\_  
SIGNATURE of Donor/Next of Kin /Executor/Responsible Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date (mm/dd/yy)