

Anatomical Gift Association of Illinois
1540 S. Ashland Ave., Suite 104, Chicago, Illinois 60608
Phone: 312-733-5283 Fax: 312-733-5079

AUTHORITY TO CREMATE – HOLD HARMLESS – DISPOSITION OF ASHES

The undersigned, having been given time to view and positively identify the remains, hereby authorizes the ANATOMICAL GIFT ASSOCIATION and its agents or assigns to cremate the remains of:

_____ who died on _____

And I certify I have the legal right to make such an authorization.

DISPOSITION OF CREMAINS: Arrangements must be made directly with the funeral home and the ANATOMICAL GIFT ASSOCIATION for final disposition of cremated remains within 30 days of the date of death. After that time, said funeral home and the **ANATOMICAL GIFT ASSOCIATION** would have no responsibility for the cremated remains and may dispose of any said cremated remains in any lawful manner.

Cremains (ashes) are to be disposed of in accordance with the laws of the State of Illinois.

Deliver cremated remains prepaid via U.S. Mail to:

Name

Street Address,

City, State, ZIP Code

Phone Number

Return to the Funeral Home and the designated family member will confer with the funeral director rendering the funeral service and/or burial of ashes.

I hereby represent that I am of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for disposition of his/her body after cremation and that any pacemaker, radiation producing device or explosive device has been removed. I will be liable for any damages to the crematorium, or injury to any personnel of the cemetery, in the event of my failure to notify the Funeral Home in charge or the ANATOMICAL GIFT ASSOCIATION. All personal possessions have been returned to me, and I have been advised that all others will be destroyed or rendered unrecoverable. I agree to hold ANATOMICAL GIFT ASSOCIATION 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 other 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.

SIGNATURE of Next-of-Kin, Executor

FUNERAL HOME

Name, Please Print

Address

Address

City, State, ZIP Code

City, State, Zip Code

Phone Number

Phone Number

Director Signature

Date

Relationship