CREMATION AUTHORIZATION

	My Commission			
NOTARY: Subscribed and sworn before me this	dav of	, 20		
Simplicity Funeral & Cremation Can Name, Address and Telephone Number of Funeral Ho		Darien, Illinois 60561 / 630-4	445-1439	
Signature of Funeral Home Representative	Print Name	License Number		
	David Fisher Jr.	034-014435		
Address		Telephone Number		
Signature of Authorizing Agent	Print Name	Relationship	Date	
Address		Telephone Number	Telephone Number	
Signature of Authorizing Agent	Print Name	Relationship	Date	
It is understood that cremation cannot to an it is hereby represented that such develocities. Funeral Home is hereby authorized to represent the possibility of damage to gloss furnishings, casket lids or any oth The undersigned hereby indemnify and and all mis-identity of the deceased and The Funeral Home warrants that the herein.	emove and dispose of such do the retort the Crematory rese er items on the outside of cas release the Crematory, Funer the presence of pacemakers	e described as evices or materials prior to crema erves the right to remove and destricted used for cremation. ral Home and their employees and or other materials or implants.	and the tion (initial) roy all handles,	
The final disposition of the cremated re () Release to () Ship to () Other It is understood that unless arrangement Crematory may after 30 days, return the at the expense of the authorizing agent, The undersigned represents that the dear Department of Public Health to be infectif any:	ts have been made for the fine e cremated remains to the autidispose of the cremated remath th of the decedent did/did no etious, contagious, communic	al disposition of the cremated rem horizing agent, or if not possible, ains in a manner permitted by law t occur as a result of disease declarable or dangerous to public health	may after 60 days, ared by the Illinois h. Type of disease	
The undersigned have/have not made as so, such date of viewing or service is on In the case of no viewing or service, creater the following items of value, if any share-	nemation shall take place upon	receipt of the remains by the crea	wed by cremation. natory.	
reason to believe such person would ob The undersigned authorizes <u>Simplicity</u> deceased and further authorizes said Fu <u>Services</u> and disposition of such remain	Funeral & Cremation Care neral Home to handle, possesses. Authorization is further gi	ss and arrange for cremation at $\underline{\mathbf{M}}$ ven to the above crematory to cre	organ Cremation mate said remains.	
aware of any living person who has supsuperior right, all reasonable efforts have	erior right to serve as an auth re been made without success	orizing agent. If there is another	person who has	
away at	lentity of the remains of the deceasedwho passedM. on I/we hereby certify that I/we have the legal ze the cremation, handling, processing and disposition of the deceased's remains and that I/we are not			
and certify the identity of the remains o	f the deceased		who passed	