

NAME AND ADDRESS OF FUNERAL HOME that obtained cremation authorization

___ Johnson Family Funeral Home, 123 NE 2nd Street, Stuart, Iowa 50250
___ Johnson Family Funeral Home, 814 Washington Street, Dexter, Iowa 50070
___ Johnson Family Funeral Home, 140 NW 2nd Street, Earlham, Iowa 50072
___ Other: _____

Cremation Authorization



JOHNSON FAMILY Funeral Home & Cremation Services

Superior Quality & Service... When it matters most

RELEASE OF CREMATED REMAINS

1. PARTIES AND DEFINITIONS

HOLDER (Name of Crematory or Funeral Home Delivering Cremated Remains) _____
HOLDER REPRESENTATIVE (Name of Individual Delivering Cremated Remains) _____
RECEPIENT (Name of Individual Receiving Cremated Remains) _____
URN (Make and Model of Urn) _____
PLACE (Place of Delivery) _____
DATE AND TIME OF DELIVERY _____

- 2. **RECIPT OF CREMATED REMAINS:** The Recipient herby acknowledges receipt of the cremated remains of the Decedent from the Holder on the Date and Time and at the Place listed above. Recipient further acknowledges receipt of the cremated remains are contained in the Urn and that the same has been received by the Recipient.
- 3. **SHIPMENT OF CREMATED REMAINS:** If the Holder shipped the cremated remains to Recipient, this Receipt shall accompany the shipped cremated remains, and the signature of the Recipient on the delivery receipt of the shipper shall constitute the execution of this Receipt by the Recipient.
- 4. **ACKNOWLEDGEMENT AND INDEMNIFICATION:** The Recipient agrees that if it is determined that the Recipient is not authorized to receive the cremated remains of the Decedent, the Recipient will immediately return them upon the request of the Holder. The Recipient acknowledges that failure to return the cremated remains under those circumstances may be considered a criminal act. The Recipient agrees not to use or permit anyone else to use the cremated remains in an inappropriate manner and to hold the Holder harmless and to fully indemnify it for any use of the cremated remains in an inappropriate manner.

SIGNATURE OF HOLDER: _____ **SIGNATURE OF RECIPIENT:** _____

REPRESETNATION OF THE FUNERAL DIRECTOR

By executing this form as a licensed funeral director and employee of Johnson Family Funeral Home, I warrant to the best of my knowledge that (a) our funeral home was responsible for making these cremation arrangements with the authorizing party(ies), and that I have reviewed this form with the representatives accordingly; (b) that no member of our firm has any knowledge or information that would lead us to believe any of the answers provided herein are incorrect; (c) that our funeral home obtained all the necessary permits authorizing cremation of the above named decedent. I warrant that the human remains delivered to the Crematory Licensee are the known remains identified on this Cremation Authorization Form.
Signature of Funeral Director: _____ Date: _____

IN-HOUSE USE ONLY

Pacemaker or Explosive Medical Devices ___ Yes ___ No Removed by: _____
Medical Examiners Permit Acquired ___ Yes ___ No
Date: _____ County of Death _____
Cremation Date: _____ Cremation Time _____
Person handling Cremation _____

*Yes we own and operate our own crematory
(Your loved one never leaves our care so we know who's ashes are in the urn)*

At Johnson Family Funeral Home you are entitled to review the various service and merchandise options we can provide as well as being advised of any legal or policy requirements that may have an impact on the decisions you are making. Of all the states, Colorado has the least amount of regulation, licensing, and supervision of funeral directors, embalmers or cremationists. You are entitled to know how and where the cremation process is completed.

YOUR RIGHTS:

The survivors have the right to absolute integrity from the crematory staff. The survivors have the right to freedom of choice and a positive "can-do" attitude from our staff. The survivors have the right to select from easy to understand packages that simplify the process. The survivors have the right to view and select from a wide and value-priced variety of cremation merchandise that is utilized in the cremation process (a cremation container) and will subsequently contain the cremated remains (an urn). The survivors have the right to be advised of any policies and applicable legal requirements prior to finalizing the cremation arrangements and the Cremation Authorization Form. The survivors have the right to inspect the crematory at any time. Our "Open Door Policy" allows you to view the crematory, 123 NE 2nd Street, Stuart and learn about the manner with which we ensure that cremations are conducted responsibly and the cremated remains are handled carefully.

IDENTIFICATION OF THE DECEASED:

Recognizing that this process is irreversible, it is in the best interests of the survivors and the crematory to ensure the correct identity of the deceased person before the cremation process takes place. The identification may be done by anyone who represents their ability to do so. If the deceased is not viewed in connection with a visitation or funeral, an identification of the unembalmed body can be provided and must (by law) be for a very short time only. Prior to the identification, the mouth and eyes of the deceased person are closed by generally accepted methods of mortuary science (for aesthetic purposes). A disinfectant cleansing of the face and other areas of the body is applied as deemed necessary by the mortician.

IOWA LAW:

Requires that within 48 hours of death the body be cremated, buried, embalmed. The legal requirements of processing the death certificate and receiving a county-issued permit before the cremation can take place usually makes it necessary to embalm the deceased if a service with embalming is not selected. Scattering cannot take place on public or private property.

THE CREMATION PROCESS:

One deceased will be cremated during the cremation process in a rigid or semi-rigid leak-resistant container. Our unique 2-person pre-cremation sign-off process ensures the highest ethical and legal standards. The cremated remains, consisting of bone fragments, will be diligently removed from the cremation chamber and processed into small fragments. Because the cremation chamber is lined with porous material, it is not always possible to remove small traces of the cremated remains. May be observed by the survivors if that is their wish (with a signed release form).

CREMATION AUTORIZATION

DISCLOSURES

Individual to be cremated:

First Name	Middle	Last	Date/Time of Death
------------	--------	------	--------------------

The cremation process and disposition of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of Johnson Family Funeral Home (hereinafter referred to as the "Funeral Home")

AUTHORITY OF AUTHORIZING AGENT(S)

By signing this form the Authorizing Agent(s) (hereinafter referred to as "AA") represent(s) the following:

- A. The AA(s) herby certify, warrant, and represent that I/We have the right to authorize the cremation of _____ (name of the deceased, hereinafter referred to as the "Deceased"). The AA(s) is (are) not aware of any living person who has a superior right to that of the AA(s) as set forth in Iowa Law; or, if there is another living person who does have a superior right to that of the AA(s), the AA(s) represents (represent) that the AA(s) has (have) made all reasonable efforts to contact such person, has (have) been unable to do so, and has (have) no reason to believe that such person would object to the cremation of the decedent.
- B. The AA(s) has (have) either disclosed the location of all living persons with an equal right to that of the AA(s), as set forth in Iowa Law, or does (do) not know the location of any other living persons with an equal right to that of the AA(s) and
- C. To the best of the knowledge of the AA(s), the human remains (do)___ (do not) ___ contain a pacemaker or any other material or implant that may be potentially hazardous to the person performing the cremation.

The AA(s) herby authorize Johnson Family Funeral Home to cremate the Deceased, including the right to process or pulverize the cremated remains at the Crematory, 123 Northeast Second Street, Stuart, Iowa 50250, or alternate crematory in the event Johnson Family Crematory is non-operational due to maintenance or temporary malfunction (Name of alternate crematory) _____. Also I/we agree to indemnify and hold Johnson Family Funeral Home, its officers, agents and employees harmless from any and all loss, costs, or damages it or they may suffer or incur by reason of acting upon the order and authorization set forth.

The AA(s) authorize(s) _____ to receive the cremated remains from the crematory licensee.

The AA(s) may specify in writing religious practices that conflict with Iowa Law. The crematory licensee and funeral director shall observe these religious practices except where they interfere with a cremation in a licensed crematory as specified under Iowa Law, or the required documentation and record keeping.

The AA(s) understand(s) that after this cremation authorization form is executed, the AA(s) can only revoke the authorization and instruct the crematory licensee or funeral establishment to cancel the cremation and to release or deliver the human remains to another crematory licensee or funeral establishment by providing such instructions to the crematory licensee in writing prior to the commencement of the cremation. The crematory licensee shall honor these instructions provided that it receives such instructions prior to the commencement of the cremation of human remains.

By executing this Cremation Authorization Form, as AA(s), the undersigned warrant that all representations and statements, contained on this form are true and correct, that these statements were made to induce the Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

A. THE CREMATION PROCESS. All cremations performed individually. Cremation is performed by placing the deceased in a container and then placing the container into a cremation chamber where open flame creates a temperature of 1600-2000 degrees Fahrenheit. Incineration of the container is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal, as the temperature is insufficient to consume them. Following a cooling period, the cremated body, which normally weighs between 4-8 lbs. in the case of an adult, is then swept or raked from the cremation chamber. In addition, while every effort is made to prevent commingling, inadvertent or incidental commingling of minute particles of the cremated body from the residue of previous cremations is possible. After the cremated body is removed from the chamber, all non-combustible materials (insofar as possible), such as bridgework and materials from the cremation container or casket, such as hinges or latches, will be separated and removed from the human bone fragments by visible or magnetic selection, and will be disposed of by the Crematory with similar materials from other cremations in a non-recoverable manner. The cremated body is then processed to allow for placement in a suitable container. The Crematory makes a reasonable effort to put all of the cremated body in the container with the exception of dust or other residue, which may remain on the equipment.

B. CASKET/CONTAINER. The Crematory requires that the Deceased be delivered in a suitable container to provide dignity for the Deceased and safety of Crematory personnel. This container must meet the following standards: 1. be composed of readily combustible materials suitable for cremation; 2. be able to be closed to provide complete covering for the Deceased; 3. be resistant to leakage or spillage; 4. be rigid enough for handling with ease. The Crematory does not accept metal containers or caskets. **The cremation process will occur in the following container:** _____ Initials of AA

C. URNS/CONTAINERS. After the cremated body has been processed, the remains will be placed in a designated Container of your choice. Should the capacity of the urn be insufficient to accommodate all the cremated remains, an additional temporary container will be returned. "AA" holds Funeral Home and/or Crematory harmless for mental anguish caused by voluntary or involuntary damage to the temporary container or urn, as provided or selected, as a cremated remains receptacle. **The cremated remains will be placed in the following urn:** _____ Initials of AA

D. IDENTIFICATION. Johnson Family Funeral Home takes pride that we have never participated in a cremation involving a mistaken identity. We believe our cremation identification policy and careful procedures help to ensure that cremations under our care are conducted properly. Cremation is an irreversible process. Where there is human involvement, however, there is always potential for human error. While extremely rare, hospital, coroner, mortuary staffs and others, are subject to making a mistake in the identification of the Deceased. Consequently, in our goal to never allow such a mistake we ask for a positive identification of the Deceased prior to cremation. When embalming is declined, the Deceased is bathed, topically disinfected, and the mouth and eyes are closed. Initials of AA

E. DISPOSITION OF PERSONAL EFFECTS. (Director to Itemize)

1. Cremated with Body _____
2. Returned to arranging party _____
3. Placed in urn _____ Initials of AA

F. FINAL DISPOSITION. The AA(s) agree that if permanent arrangements for final disposition of the cremated remains are to be carried out by the AA(s), and such arrangements have not been completed within 120 days after the date of the availability of such cremated remains for final disposition, Johnson Family Funeral Home shall give written notice which is required by Iowa State Law, through regular mail to the address listed below, thereafter Johnson Family Funeral Home is authorized and directed to dispose of the cremated remains in any manner it may deem suitable either 120 days after written notification. The final disposition of the cremated remains is to be as follows: _____ Initials of AA

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION & DISPOSITION

Signature _____	_____	_____	_____	_____
Authorizing Agent	Print Name	Relationship	Date	Time
Address _____				
Street	City	State	ZIP	Telephone

Signature _____	_____	_____	_____	_____
Authorizing Agent	Print Name	Relationship	Date	Time
Address _____				
Street	City	State	ZIP	Telephone

Signature _____	_____	_____	_____	_____
Authorizing Agent	Print Name	Relationship	Date	Time
Address _____				
Street	City	State	ZIP	Telephone

Signature _____	_____	_____	_____	_____
Authorizing Agent	Print Name	Relationship	Date	Time
Address _____				
Street	City	State	ZIP	Telephone

IDENTIFICATION OF DECEASED

I have identified the deceased body of _____ on the date of: _____ at _____. I hereby verify that this is the body of the above named person.
Name _____ **Relationship** _____
Signature _____ **Witness** _____ **Date** _____

As Authorized Agents I/we have **declined** our right to identification of the deceased _____
Name _____ **Relationship** _____
Signature _____ **Witness** _____ **Date** _____
Name _____ **Relationship** _____
Signature _____ **Witness** _____ **Date** _____
Name _____ **Relationship** _____
Signature _____ **Witness** _____ **Date** _____