

NORTHCOAST CREMATORY SERVICE, LLC

Cremation Services, Policies, Procedures, Requirements and Authorizations

A. 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 prosthesis or dental bridgework) that are left with the Decedent 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 the arrangements must be made with the Cremation Service Provider to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

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. 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.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, 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.

B. PACEMAKERS, PROSTHESIS, AND RADIOACTIVE DEVICES

Pacemakers and prosthesis, as well as any other mechanical or radioactive devices or implants in the Decedent, may cause a hazardous condition when placed in the cremation chamber. **IT IS IMPERATIVE THAT PACEMAKERS AND RADIOACTIVE DEVICES BE REMOVED PRIOR TO CREMATION.** If the Cremation Service Provider is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to the Crematory or Crematory personnel by such devices or implants.

C. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed with resistance to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Cremation Service Provider. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that **METAL, PLASTIC OR FIBERGLASS CASKETS ARE NOT ACCEPTED.** I further understand that the casket or alternative container will be consumed as part of the cremation process.

D. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed in section #7 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 temporary container and handled according to the final disposition instruction set forth in Section 8; 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.

NORTHCOAST CREMATORY SERVICE, LLC.

CREMATION AND DISPOSITION AUTHORIZATION

<u>OFFICE USE ONLY</u>		
<u>VIEW:</u>	Y	N
<u>WITNESS:</u>	Y	N
<u>PRINT:</u>	Y	N
<u>VETERAN</u>	Y	N
<u>PHOTO</u>	Y	N

The State of Ohio requires that this Authorization Form be completed and signed prior to the cremation. Please read it carefully and ask us any question you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section A of this authorization form prior to signing it. We want you to fully understand the information provided in this Authorization Form, and therefore we will be pleased to answer any questions about the cremation process or the other information in this form. THIS AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE CREMATION SERVICE PROVIDER

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ Age _____

Date of Birth: _____ Date of Death _____ Sex _____ Social Security # _____

Place of Death: _____ Time of Death: _____

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

- _____
(Initials) The Authorizing Agent or 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, or personal representative of the Authorizing Agent has authorized the Cremation Provider & Crematory to photograph or create an image of the remains and the Authorizing Agent or personal representative has positively identified the photograph or image as that of the Decedent.
OR
- _____
(Initials) The Authorizing Agent or personal representative of the Authorizing Agent has identified the Decedent's remains by identifying on the remains of by photograph the following
Scar _____ Tattoo _____ Other _____
OR
- _____
(Initials) The Decedent's remains were identified by the Coroner

2. CREMATION SERVICE PROVIDER AND CREMATORY

The Authorizing Agent authorizes the Cremation Service Provider set forth below to carry out the directions and instructions of the Authorizing Agent contained in this authorization:

Name of Cremation Service Provider: **Cremation Society of Toledo, 7210 Airport Highway, Holland, Ohio 43528**

Crematory: **Northcoast Crematory Service, LLC, 501 West St., Genoa Ohio 43430**

The Burial Permit or Burial-Transit Permit authorizing the cremation of the decedent has been obtained by the following funeral director or individual:

Signature: _____ Printed Name: _____

3. IDENTIFICATION OF AUTHORIZED AGENT

Name of Authorizing Agent: (print) _____ Telephone No.: _____

Address of Authorizing Agent: _____ Zip Code: _____

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

- (a) The representative appointed by the Decedent in an Ante-mortem Preneed Authorization form to arrange the cremation.
- (b) Surviving spouse of Decedent at time of death.
- (c) The Executor or Administrator of the Decedent's estate who has written instructions by the Decedent authorizing this cremation.
- (d) An adult child of the Decedent. If the Decedent had more than one surviving adult child, the Authorizing Agent represents that all of the Decedent's other adult children have been notified of the Decedent's death and of the plans to cremate the Decedent's remains, and that none of them have expressed an objection to the cremation.
- (e) A parent of the Decedent, or if the Decedent was under the age of 18, the parent, guardian or custodian of the Decedent. If the other parent of the Decedent is still alive, the Authorizing Agent represents that the other parent has been notified of the Decedent's death and of the plans to cremate the Decedent's remains, and has not expressed an objection to the cremation.
- (f) A surviving adult sibling of the Decedent. If the Decedent had more than one surviving adult sibling, the Authorizing Agent represents that all of the Decedent's other adult siblings have been notified of the Decedent's death and of the plans to cremate the Decedent's remains, and that none of them expressed an objection to the cremation.
- (g) A grandparent of the Decedent. If the Decedent had more than one surviving grandparent, the Authorizing Agent represents that all of the Decedent's grandparents have been notified of the Decedent's death and of the plans to cremate the Decedent's remains, and that none of them have expressed an objection to the cremation.
- (h) A surviving adult grandchild of the Decedent. If the Decedent has more than one surviving adult grandchild, the Authorizing Agent represents that all of the Decedent's other adult grandchildren have been notified of the Decedent's death and of the plans to cremate the Decedent's remains, and that none of them have expressed an objection to the cremation.
- (i) The person in the next degree of kinship to the Decedent after those listed above in B through I or as spelled out in section 2105.06 of the Ohio Revised Code.
- (j) In the absence of any individual listed above A through J, an individual willing to assume the right of disposition, including the personal representative of the estate or the licensed funeral director with custody of the body, after attesting in writing and good faith that they could not locate any of the persons in the above priority list.
- (k) A public officer or employee of the State of Ohio or a political subdivision of the State of Ohio which is responsible for the final disposition of the Decedent's remains.

4. AUTHORITY OF AUTHORIZING AGENT

(Initials) As Authorizing Agent, I have checked a box in Section 3 above. I understand that any living person who meets the qualifications of any level above or equal to the one I checked would have a **superior or equal** right to act as the Authorizing Agent. I certify that I do not have actual knowledge of any living person who has **superior or equal** right to act as the Authorizing Agent.

OR

(Initials) As Authorizing Agent, I have checked a box in Section 3 above. I am aware of a living person or persons listed below who have **superior or equal** priority right to act as Authorizing Agent. I have made 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 or equal** priority right would object to the cremation of the Decedent.

OR

(Initials) .As Authorizing Agent, I have checked a box in Section 3 above. I am aware of a living person or persons who have a **superior or equal** priority right to act as the Authorizing Agent. That person or persons have confirmed to me that they do not want any involvement in the disposition of the Deceased's remains.

OR

(Initials) As Authorizing Agent, I have checked a box in Section 3 above. I am aware of a living person or persons who have 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.

Names: _____

5. PACEMAKERS, IMPLANTS AND RADIOACTIVE TREATMENTS

Implants: Pacemakers, defibrillators, other implanted battery-powered devices may create a hazardous condition when placed in the cremation chamber and subjected to heat. Silicone implants may also damage crematory equipment and adversely impact the recovery and processing of cremated remains. As Authorizing Agent, I have listed in this section, all devices which may have been implanted in or attached to the Decedent.

Devices to be Removed: _____

Radioactive Treatments: Remains that contain radioactive seeds used in Brachytherapy or that have been treated with nuclear medicine may only be safely cremated if sufficient time has elapsed from the time of the last treatment. Listed below are a list of treatments and the minimum waiting period between the date of treatment and the date of cremation.

Iodine-125 Brachytherapy	2 Years	Palladium-103 Brachytherapy	3 Months
Strontium-89 Injections	1 Year	Yttrium-90 Injections	6 Weeks
Phosphorus-32 Injections	5 Months	Iodine-131 Injections	2 Months

(Initials) The remains of the Decedent do not contain any of the devices described in the above paragraph.

OR

(Initials) As Authorizing Agent, I instruct the Cremation Service Provider to remove each device listed above. Unless indicated directly below, the Cremation Service Provider/Crematory is to dispose of all such devices.

OR

(Initials) The devices listed below are to be removed and returned to the Authorizing Agent:

6. RECYCLING OF METAL

Following the cremation process, the Crematory uses its best efforts to remove from the cremated remains non-combustible materials such as dental bridgework, implanted medical devices, and metal hinges, latches, and nails from the cremation container by visible and/or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manor, so only bone fragments will remain. The Authorizing Agent understands that arrangements must be made with the Cremation Provider to recover any such possessions or valuables prior to the time of cremation. The Authorizing Agent also understands that the Crematory is compensated by the recycling company for retrieving the metal and shipping it to a recycling company. All such compensation paid to the Crematory shall be donated to a charitable organization. The representative authorizes the Crematory to take the following action, (Initial on the line next to your selected option).

(Initials) Recycle any metal that is eligible for recycling and dispose of the remaining metal with the remainder of the non-combustible material.

(Initials) Do not recycle the material. Instead, dispose of it with the remainder of the non-combustible material.

7. WITNESS / IDENTIFICATION AT CREMATORY

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Cremation Service Provider and Crematory from any liability. To the extent permitted by the Crematory, the persons listed below are authorized to be present at the cremation viewing room prior/during the cremation of the Decedent's remains and during the removal and processing of the cremated remains.

(Initials) Witness of Cremation: No: _____ Yes: _____

Name(s): _____

(Initials) Identification Viewing at Crematory: No: _____ Yes: _____

Name(s): _____

8. THE CASKET OR ALTERNATIVE CONTAINER, THE CREMATION PROCESS AND THE URN OR TEMPORARY CONTAINER

(Initials) As Authorizing Agent, I have read and understand the use of the casket or cremation container in Section C and I have selected the following casket or cremation container: _____. I also understand that if the container selected is a rental casket, that embalming is required for health concerns; that the rental casket has been used by at least one other client family; and that the deceased will be removed from the rental casket and placed in the cremation container selected: _____ prior to cremation.

(Initials) As Authorizing Agent, I have read and understand the description of the cremation process contained in Section A and authorize the cremation processing and pulverization of the remains of the Decedent. I further authorize the Cremation Service Provider to deliver the Decedent's remains to the Crematory for the purposes of the cremation.

(Initials) As Authorizing Agent, I have read and understand the use of the urn or temporary container in Section D and I have selected the following: urn or temporary container _____. Personalized: Yes No

(Initials) As Authorizing Agent, I give the Crematory permission to place a small amount of cremated remains in a keepsake urn selected by the Authorizing Agent: Keepsake Urn: _____

9. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Cremation Service Provider/Crematory to undertake the actions set forth below 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 Cremation Service Provider/Crematory utilize registered U.S. mail 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.

- Release to:
Name: _____ Relationship: _____
Address: _____ Telephone: _____
- Other: _____

(Initials) The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this authorization, The Cremation Service Provider shall hold the cremated remains for thirty (30) days after cremation. If during that thirty (30) day period the cremated remains are not retrieved by the person designated above to receive them or the Authorizing Agent, or if arrangements for their final disposition are not made, the Cremation Service Provider may return the cremated remains to the Authorizing Agent at the address listed in Section 3. In the alternative, 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 for the final disposition have not been carried out within that sixty (60) day period because of the inaction of a party other than the Cremation Service Provider, then the Cremation Service Provider may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Cremation Service Provider immediately upon receipt of an invoice.

10. FINGERPRINTING

A fingerprint may be obtained by the Cremation Service Provider/Crematory for the purpose of possible identification and/or as an option for the personalization of merchandise offered to the family. There is no charge for the taking of the print or for the secure storage of said prints. Also, once the Deceased has been cremated a fingerprint cannot be retrieved. We also hold harmless the Cremation Service Provider the Crematory its affiliates, their agents and employees from any liability, costs, expenses, or legal fees with respect to any damages of any kind including claims and causes of actions that the Authorizing Agent now has or may subsequently have related to the authorizing or not authorizing the fingerprinting of the Decedent.

(Initials) As Authorizing Agent, **I give my permission** for the Cremation Service Provider/Crematory to take fingerprint(s) of the Decedent.

(Initials) As Authorizing Agent, **I decline my permission** to the Cremation Service Provider/Crematory to take fingerprint(s) of the Decedent.

11. PERSONAL PROPERTY

(Initials) All personal property and effects 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 the Authorizing Agent are given below.

Items to be delivered to the Authorizing Agent: _____

12. VISITATION AND/OR FUNERAL CEREMONIES

PRIOR TO the cremation of the Decedent's remains, the Authorizing Agent or the decedent's family has arranged for a visitation and/or funeral ceremony as set forth below:

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

13. TIME OF CREMATION

As indicated in the completed Non-provisional Death Certificate, the cremation of the Decedent's remains cannot take place until 24 hours have elapsed from the time of death. If the remains are not embalmed and if the cremation is not to occur within eight hours of the delivery of the remains to the Crematory, the Crematory will place them in a refrigerated facility, for which there may be a daily charge.

Decedent's Remains Embalmed: NO YES

(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 so that the Cremated Remains will be ready for transfer to the destination needed.

Cremated remains needed at: _____

Date: _____ Time: _____

FINAL CERTIFICATION BY AUTHORIZING AGENT

The Authorizing Agent acknowledges that the Cremation Service Provider and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Cremation Service Provider and Crematory, their officers, directors, employees and agents from any claim, cause of action, cost of expense, including but not limited to any legal fees, arising out of or resulting from the Cremation Service Provider and the Crematory's reliance on or performance consistent with the directions, statements, representatives, and agreements contained in this authorization.

I/We hereby authorize The Cremation Society of Toledo to transfer the human remains of the deceased into their care.

Executed at: _____, this: _____ day of: _____, _____

Signature of Authorizing Agent(s): _____

Signature of Witness(s): _____
