

ILES FUNERAL HOMES

Dunn's, Westover, Grandview Park, Brandt's and Sundberg - Kirkpatrick

AUTHORIZATION OF BODY DONATION

_____ Name of Deceased	_____ Age	_____ Gender
_____ Address	_____ Date of Death	_____ Time of Death
_____ Place of Death	_____ Cause of Death	
_____ Manner of Final Disposition	_____ Identification	

The undersigned have authority by law, or nearest degree of relationship, to enter into this agreement. The undersigned agree to hold harmless Iles Funeral Home Inc from any liability, whatsoever, their acts in relationship to this donation. The undersigned further acknowledges receipt of all personal items of the aforementioned deceased, and hereby releases Iles Funeral Home Inc from responsibility for any items left with the remains. If the cremated remains are returned to Iles Funeral Home, the undersigned shall make arrangement for final disposition within sixty(60) days. After that time, Iles Funeral Home Inc will have no responsibility for the cremated remains.

AUTHORIZED PERSON

1. Designee
2. Alternate Designee
3. Spouse
4. Adult Child
5. Parents
6. Adult Grandchild
7. Adult Sibling
8. Grandparent
9. Other Adult person in the next degree of kinship
10. County Medical Examiner

Representations by AUTHORIZED PERSON

(initial) I represent that I have the right to authorize the donation of the above name decedent in accordance with Chapter #156 Code of Iowa, Administrative Rules 645 - 100 (156)

(initial) I represent that in the event there is another person who has superior right to that of the authorizing person, I have made all reasonable efforts to contact that person and have no reason to believe that the person would object to the donation of the decedent.

(initial) I represent that the above human remains () do () do not contain any material or implants that may be potentially hazardous to equipment or persons performing the cremation following the donation process. In the event the body does contain such devices, authorization is hereby given to remove and dispose of such devices prior to cremation.

(initial) I represent that I have made a positive identification of the decedent & that the funeral home can proceed with the donation.

The following is a list of all items of value and instructions for their disposition.

X

Signature of Authorizing Person

Print Name & Relationship of Signee

Address

Telephone

RELEASE OF CREMATED REMAINS

Signature of Person Receiving Remains

X

Signature of Person Releasing Remains

Date