

# ILES FUNERAL HOMES

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

## AUTHORIZATION TO CREMATE

_____ 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 and Dunn's Crematory from any liability, whatsoever, their acts in relationship to this cremation and disposition. The undersigned further acknowledges receipt of all personal items of the aforementioned deceased, and hereby releases Iles Funeral Home Inc, and Dunn's Crematory from responsibility for any items left with the remains. The undersigned shall make arrangement for final disposition within sixty(60) days. After that time, Iles Funeral Home Inc, and Dunn's Crematory 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 cremation 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 cremation 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. 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 cremation.

\_\_\_\_\_  
(initial) I hereby grant permission for division of the cremated remains as follows:

\_\_\_\_\_  
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