

CREMATION AUTHORIZATION FORM

The State of Iowa requires that this Authorization Form be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. Take as much time as you need to review this Cremation Authorization and ask for assistance in reading or understanding its terms if needed.

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 the authority by law, or nearest degree of relationship, to enter into this agreement. The undersigned agree to hold harmless Iles Funeral Homes, 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 times of the aforementioned deceased, and hereby releases Iles Funeral Homes, 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 Homes Inc, and Dunn’s Crematory will have no responsibility for the cremated remains.

**1) IDENTIFICATION OF AUTHORIZED PERSON**

- 1. Designee
- 2. Alternate Designee
- 3. Spouse
- 4. Adult Child
- 5. Parents
- 6. Adult Grandchild
- 7. Adult Sibling
- 8. Grandparent
- 9. Other Next of Kin
- 10. County Medical Examiner

\_\_\_\_\_ I represent that I have the right to authorize the cremation of the above named decedent in accordance with Chapter #156 Code of Iowa, Administrative Rules 645 – 100 (156). I represent that I have notified all other members of my class of authority (if any) whose whereabouts are reasonably ascertainable, and have received assent from the majority of those members to control final disposition of the decedent’s remains. (Iowa Code Chapter 144C.5-2)

\_\_\_\_\_ 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.

**OR**

\_\_\_\_\_ I am aware of a living person(s) who has a superior priority right to act out as Authorized Person. Such person(s) have declined to make arrangements after being notified of the death of the decedent.

**2) IDENTIFICATION OF DECEDENT**

\_\_\_\_\_ I represent that I, or my personal representative, have made a positive identification of the decedent and that the crematory can proceed with the cremation.

**OR**

\_\_\_\_\_ The Medical Examiner has viewed the remains and positively identified them as the body of the decedent.

**3) THE CREMATION PROCESS**

\_\_\_\_\_ As Authorized Person, I have read and understand the description of the cremation process and authorize the cremation and processing of the remains of the decedent.

Cremation is performed by placing the deceased in a container and then placing the container into a cremation chamber. After cremation is complete, bone fragments and other metal substances, such as prostheses, dental materials, and jewelry will remain and will be collected from the cremation chamber. Bone fragments are separated from other materials and are processed by mechanical pulverization into a fine particle consistency and placed into a cremated remains container or urn. Other non-natural materials, including but not limited to fillings and implanted devices are disposed of or recycled, with the crematory retaining any proceeds from recycling. Every effort is made to recover all remains from the cremation chamber and processor. However, due to the nature of the cremation process,

very fine particles and dust may remain in the cremation chamber, and these materials from prior cremations may be commingled with the remains of the deceased despite best efforts to remove them.

**4) IMPLANTED DEVICES**

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

**5) DISPOSITION OF PERSONAL EFFECTS**

\_\_\_\_\_ The following items are to be cremated:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The following items are not to be cremated and are to be returned to the family: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The following items are not to be cremated and are to be placed in the urn/cremated remains container: \_\_\_\_\_  
\_\_\_\_\_

**6) DISPOSITION OF CREMATED REMAINS**

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

\_\_\_\_\_ The cremated remains shall be released to, and picked up by myself OR the following designated person(s):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**OR**

\_\_\_\_\_ The Funeral Home shall deliver the cremated remains:

Cemetery: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

\_\_\_\_\_ The Funeral Home is authorized to deliver the cremated remains to the United States Postal Service for shipment using USPS Express Mail to the following address:

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Printed Name & Relationship of Signee: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Additional Authorized Persons: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

License #: \_\_\_\_\_

Signature: \_\_\_\_\_

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Name of Deceased \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

**RELEASE OF CREMATED REMAINS:**

Signature of Person **Receiving** Remains: \_\_\_\_\_ Date: \_\_\_\_\_  
**Printed Name & Relationship of Signee:** \_\_\_\_\_

Signature of Person **Receiving** Remains: \_\_\_\_\_ Date: \_\_\_\_\_  
**Printed Name & Relationship of Signee:** \_\_\_\_\_

Signature of Person **Releasing** Remains: \_\_\_\_\_ Date: \_\_\_\_\_

**Funeral Director:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_