

Celebrate Life Iowa
1200 Valley West Drive • Suite 206-24 • West Des Moines, IA 50266
Authorization to Cremate

<hr/> Name of Deceased to be cremated	<hr/> Age	<hr/> Gender
<hr/> Address	<hr/> Date of Death	<hr/> Time of Death
<hr/> Place of Death	<hr/> Cause of Death	
<hr/> Manner of Final Disposition	<hr/> Identification Number (issued by Crematory)	

The undersigned have authority by law, or nearest degree of relationship, to enter into this agreement. The undersigned agree to hold harmless Celebrate Life Iowa and the 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 Celebrate Life Iowa and the 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, Celebrate Life Iowa will have no responsibility for the cremated remains.

Representations by the Authorized Person

The State of Iowa (144C.5) defines an Authorized Person in the following class order: 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

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 even 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 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)

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 devises prior to cremation.

Initial I represent that i have made a positive identification of the decedent and that the crematory can proceed with the cremation. (Iowa Code Chapter 645-100.10(4)-(10)

Initial I hereby authorize the release of the cremated remains to _____, by the following method: () Mail by USPS (charges may apply) () Delivery in 35 mile radius (charges may apply () Pick up

The following is a list of all items of value and instructions for their disposition () None or

By executing this Cremation Authorization form, as the Authorized Person, 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 above names decedent, and that the undersigned have read and understand the provisions contained on this form.

<hr/> Signature of Authorized Person	<hr/> Name and Relationship of Authorized Person
<hr/> Address of Final Disposition	<hr/> Telephone Number of Authorized Person
<hr/> Signature of Funeral Director	<hr/> Name and License Number of Funeral Director