

Des Moines Cremation.Com
6800 Lake Drive West Des Moines, Iowa 50265
Authorization To Cremate

Name of Deceased to be cremated	Age	Gender
Address	Date of Death	Time of Death
Place of Death	Cause of Death	
Manner of Final Disposition	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 Des Moines Cremation.Com 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 Des Moines Cremation.Com 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, Des Moines Cremation.Com 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.

_____ I represent that I have the right to authorize the cremation of the above named decedent in accordance with Chapter #156
Initial Code of Iowa, Administrative Rules 645-100 (156)

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

_____ I represent that I have notified all other members of my class of authority (if any), whose whereabouts are reasonably
Initial 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 the above human remains ()do ()do not contain any material or implants that may be potentially
Initial 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.

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

_____ I hereby authorize the release of the cremated remains to _____, by the following method:
Initial () 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 named decedent, and that the undersigned have read and understand the provisions contained on this form.

Signature of Authorized Person

Name and Relationship of Authorized Person

Address of Authorized Person

Telephone Number of Authorized Person

Signature of Funeral Director

Name and License Number of Funeral Director