

ELEMENTS

the cremation company



Authorization to Cremate

The undersigned hereby authorize **Elements Cremation LLC**, and Heights Crematory, 230 East 11th Street, Chicago Heights, IL 60411, and/or its agents, to arrange for the cremation of the body of

Deceased

I (we) hereby represent that I am (we are) of the same and nearest degree of the relationship to the deceased and are legally authorized or charged with the responsibility for disposition of his/her body after cremation. I (we) agree to hold harmless the above named funeral home, its officers, agents and employees from any and all claims, suits or causes of action arising out of the cremation and final disposition of the cremated remains. Unless arrangements are made directly with a funeral home/cemetery/crematory for the final disposition of cremated remains within 30 days, I (we) shall call for the cremated remains from **Elements Cremation LLC**. Within 60 days and after that time said **Elements Cremation LLC** would have no responsibility for the cremated remains and may dispose of any said cremated remains in any lawful manner.

Signature

Print Name

Address

Telephone

City

State

Zip

Mobile Telephone

Relationship

Email

Witness Signature

Witness Print Name

Signature Date

Subscribed and Sworn Before me this
____ Day of _____, 20____

Notary Public
My Commission Expires _____

Affix Notary Seal Below

Not-Present Authorization

Facsimile Email Other: _____
Date: _____ Time: _____ Telephone Number: _____
Person Making Authorization: _____ Relationship: _____
Authorization Received By: _____