AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT, IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of

_____ _____

Name of Deceased (hereinafter referred to as the "Deceased") Social Security Number

I/We am/are not aware of a person who has a superior priority right or am/are not aware of a person of equal priority who disagrees with authorizing the cremation.

Date of Birth_____ Date of Death _____ Time of Death _____ am or pm

I/We am/are have or _____ has positively identified the deceased.

Name of institution where deceased will be removed.

I/We hereby request and authorize W.E. Lusain Funeral Home, Grunn Funeral Home, and Young Lusain Funeral Home (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Lusain Memorial Crematory or Greater Cincinnati Crematory (hereinafter referred to as the "Crematory"). Upon receipt of the Deceased from Funeral Home, I/we hereby authorize Crematory to proceed with the cremation. I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

(1) Release to family:	(2) Ship via Registered Mail (Additional Fee Required). Name and Address:	(3)
_____ Name of designated family member to receive cremated remains.	_____ _____ _____ *Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the USPS.	_____ _____ Initial here if you want the cremated remains disposed at the discretion of the funeral home.

To the best of my/our knowledge, Deceased did_____ did not_____ have an infectious, contagious, or communicable disease or a disease declared by the Department of Health and Environmental Control to be dangerous to the public health. If so, describe:

_____

Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO___ DO NOT___ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE**. Listed below are all implanted mechanical and radioactive devices and other items of value which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:**

_____

Description of Implanted Device or Personal Article Disposition. If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO_____ DO NOT_____ CONTAIN Stronium-89 (Mesatron), a radioactive material.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature_____ Print Name and Relationship to Deceased _____ Date _____

Address_____ Tel. # ( )_____

Street City State Zip

Signature_____ Print Name and Relationship to Deceased _____ Date _____

Address_____ Tel. # ( )_____

Street City State Zip

****Witness Signature**_____ Print Name _____ Date _____**

Address_____ Tel. # ( )_____

Street City State Zip

Licensed Funeral Director: _____

Fax: (513) 672-0571 or Email: LusMem@gmail.com, Mail: Lusain Memorial, 825 Main Street, Cincinnati, OH 45202