

414 7th Street
Parkersburg, WV
26101



Crematory
(304) 865-3420

Fax
(304) 917-3617

Society
(304) 917-3616

AUTHORIZATION FOR CREMATION AND DISPOSITION

Unity Crematory requires that this Authorization Form be completed and signed prior to the cremation. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** It is important that you understand the cremation process that is described in Section 5.B. on Page 6 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or other questions that you may have.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

1. DECEASED INFORMATION

A. IDENTIFICATION

Name of Decedent: _____ Date of Death: _____ Time: _____
Place of Death: _____ Sex: M _____ F _____ Age: _____ DOB: _____ SS: _____ - _____ - _____
Place of Identification: Hospital/Care Facility Residence Funeral Home Other _____
Name of Person whom identified the decedent: _____

Viewing: The Deceased Next of Kin, Authorizing Representative, or designated person has viewed the remains and positively identified them as that of the Decedent.

Photograph: The Authorizing Representative, Next of Kin of Deceased or designated person has authorized the Funeral Home to photograph the remains and have positively identified and signed the photograph as that of the Decedent

(Initials) _____

B. PACEMAKERS, PAIN PUMPS, DEVICES WITH BATTERIES, IMPLANTS, AND/OR PROSTHESES (SEE SECTION 1.B ON PAGE 2)

NO Devices: The remains of the Decedent do not contain any of the Devices described in Section 1.B. on the reverse side.

YES- Devices: As Authorizing Representative or Next of Kin, I/we instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices. In any manner, it sees fit and at any time.

Description of Devices: _____ Manner of disposal of devices: _____

(Initials) _____

C. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/we release the Funeral Home and Crematory from liability for these items.

Items to be delivered to Authorizing Representative or Designee: _____

(Initials) _____

2. FUNERAL HOME AND CREMATORY

The Authorizing Representative authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Representative contained in this Authorization.

Name of Funeral Home: _____ Address: _____

Name of Crematory: _____ Address: _____

Name of Funeral Director who will obtain the Burial Permit, Burial Transit Permit, or any other legally required documents authorizing cremation of the Decedent _____

3. CREMATION CONTAINER AND URN

A. CREMATION CONTAINER (SEE SECTION 3.A ON PAGE 2)

The Crematory requires the remains of Deceased be in a suitable container for cremation. The Crematory may require a combustible cremation container. If the Crematory accepts a non-combustible container, the Crematory is authorized to dispose of the container in any way it sees fit.

Type of Container Selected: _____

B. URN (SEE SECTION 3.B ON PAGE 2)

An urn to hold the cremated remains may be purchased or provided by the Authorizing Agent but an urn is not required. If an urn is not purchased or provided, the cremated remains will be delivered in a rigid temporary container.

- Urn purchased by Authorizing Representative. Description of urn: _____
- Urn provided by Authorizing Representative. Description of urn: _____
- Standard temporary container provided by Crematory.

1. B. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicon or other implants, mechanical devices, devices containing batteries or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Representative, I have listed in Section 1.B. on Page 1 all devices (including mechanical, prosthetic, implants, pumps or materials), which may have been implanted in or attached to the Decedent.

3. A. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Representative. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Representative, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

3. B. URN OR TEMPORARY CONTAINER

After the cremated remains, have been processed, they will be placed in the urn listed on reverse side or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. The Authorizing Representative acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing. However, 100% of the cremated remains recovered from the cremation chamber and processing equipment shall be prepared for disposition in the manner directed per the written instructions of the Authorizing Representative.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains; the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth in Section 6 on Page 5; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Representative directs the Crematory to use the specified urn or container listed in Section 3.B. Page 1.

4. MULTIPLE CREMATIONS, WITNESS, SERVICE, AND TIME

A. MULTIPLE CREMATIONS (SEE SECTION 4.A ON PAGE 4)

(Initials) _____

As Authorizing Representative, I authorize the simultaneous cremation of the remains of the Decedent with the decedent named below. I certify that this multiple cremation meets the legal requirements set forth on the reverse side.

Name of Another Decedent: _____

B. WITNESSING (SEE SECTION 4.B ON PAGE 4)

Some crematories may allow witnessing of the initial cremation process. As authorizing Representative I allow:

- NO witnesses
- Yes witnesses _____

(List Witnesses)

(Initials) _____

C. VISITATION AND FUNERAL CEREMONIES

Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below:

Date(s): _____ Time(s) _____ Place of Ceremonies: _____

D. SCHEDULING OF CREMATION/ CONDITION OF DECEASED

The cremation of the Decedent's remains cannot take place until all legal requirements including, in Ohio as indicated in the completed Non-Provisional Death Certificate, 24 hours have elapsed from the time of death. If the remains are not embalmed and if the cremation is not to occur immediately upon delivery of the remains to the Crematory, the Crematory will place the remains in a refrigerated facility for which there may be a daily charge as stated in the General Price List.

SCHEDULING OF CREMATION:

Normal Scheduling: The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without any further notification to the Authorizing Agent.

Priority Scheduling: The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date: _____ Time: _____

(Initials) _____

CONDITION OF DECEASED:

are to be embalmed. Or are not to be embalmed.

If embalmed- Documentation of Embalming must be provided

(Initials) _____

5. AUTHORIZED REPRESENTATIVE

A. IDENTIFICATION OF AUTHORIZING REPRESENTATIVE (SEE 5.A ON Page 4 for WV and Ohio order of Right of Disposition)

Name of Authorizing Representative	Address	Telephone	Relationship*

B. AUTHORITY & DETERMINATION OF AUTHORIZING REPRESENTATIVE (Only Initial One Option)

As Authorizing Representative, I/We represent that I/We have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

Option 1: _____
(Check Here)

Deceased, has expressed his or her wishes regarding the disposal of their remains through a last will and testament, advance directive or preneed funeral contract (WV only) as defined by Section 2, Article 14, Chapter 47 of the WV Code. or an Antemortem Authorization (OH). **(Attachment Document of Deceased's instructions)**

OR

Option 2: _____
(Initials)

As Authorizing Representative, I/we have filled in Section 5.A above. I/We understand that any living person who meets the qualifications of any level above or equal to the one I/we filled in would have a **superior or equal** right to act as the Authorizing Representative. I/We have made every reasonable effort to contact such person(s) and do not have actual knowledge of the existence of any living person who has a **superior or equal** right to act as the Authorizing Agent. **IF NOT ALL of Equal Right are SIGNING complete the Affidavit on page 7- Appendix A.**

OR

Option 3: _____
(Initials)

As Authorizing Representative, I/we have filled in Section 5.A above. I/We am aware of a living person or persons who have a **superior** priority right to act as the Authorizing Agent. I/We have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with the **superior** priority right would object to the cremation of the Decedent. **Complete the Affidavit on page 7-Appendix B.**

OR

Option 4: _____
(Initials)

Funeral Home as Authorizing Representative to execute right of disposition. **Complete the Statement on page 8-Appendix C.**

C. CREMATION PROCESS

(Initials) _____

As Authorizing Representative, I/We have read and understand the description of the cremation process contained in 5.B. on the Page 6 and authorize the cremation, processing and pulverization of the remains of the Decedent. I/we further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

4. A. MULTIPLE CREMATION

The remains of more than one decedent may not be simultaneously cremated in the same cremation chamber unless there is a specific request by the Authorizing Representative instructing to the contrary for extenuating circumstances such as but not limited to:

Under WV STATE law, the simultaneous death of a parent and child, the decedents to be cremated was related, living in a common law marital relationship or cohabitating.

Under OH State law, are to be related to decedent named in this authorization form by consanguinity or affinity or who, at any time during the one-year preceding the decedent's death, lived with the decedent in a common law marital relationship or otherwise cohabited with the decedent.

Unless authorized on Page 3, the Decedent's remains shall be individually cremated. The crematory shall reserve the right to agree or decline a special request by an Authorizing Representative. If you desire a multiple cremation, initial Section 4.A on page 3.

4. B. WITNESSING

The Authorizing Representative, being advised of their right to witness the placement of the deceased into the cremation chamber, shall accept or decline this offer in writing. Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed on the reverse side are authorized to be present prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. Witnessing of any aspect of the cremation and processing procedure shall be in compliance with all applicable law and any safety regulations. If you desire witnesses, you must initial Section 4.B. on the reverse side, list the witness names, and all witnesses must sign an additional Cremation Witness Acknowledgment.

5. A. IDENTIFICATION OF AUTHORIZING REPRESENTATIVE OR AGENT

(Follow State of Death)

The Authorizing Representative represents that the relationship between the Authorizing Representative and the Decedent is as follows:

West Virginia- Authorized Representative must be eighteen years of age or older and of sound mind.

- (1) Deceased- **when the decedent has provided instructions** and a method of payment of his or her wishes regarding the disposition, location, manner and conditions of the disposition of their remains through last will and testament, an advance directive or preneed funeral contract as defined by Section 2, Article 14, Chapter 47 of the WV Code.
- (2) The individual previously designated by the deceased as the person to have the right to control disposition
- (3) The Decedent's surviving spouse, unless a petition to dissolve the marriage was pending at the time of decedent's death.
- (4) Surviving Child or Children
- (5) Parent or Parents
- (6) Surviving brother(s) or sister(s) of the decedent.
- (7) The guardian of the person of the decedent at the time of death
- (8) The Personal Representative of the estate of the decedent.
- (9) The person in the classes of the next degree of kinship, in descending order, under the laws of descent and distribution to inherit the estate of the decedent.
- (10) If the disposition of the remains of the decedent is the responsibility of the state or political subdivision of the state, the public officer, administrator or employee responsible for arranging the final disposition of the decedent's remains.
- (11) In the absence of the above listed 1-10, any other person willing to assume the responsibility to act and arrange the final disposition of the decedent's remains, including the funeral director with custody of the body, after attesting in writing that a good-faith effort has been made to no avail to contact individuals under subdivisions 1-10 of this section. **Appendix B is supplied for use.**

Ohio – Authorized Agent (This form will use the term Authorized Representative) Must be eighteen years of age or older and of sound mind.

- (1) Antemortem Cremation Authorization- However, (2) and (5-9) of this section may modify, in writing, the arrangements for the final disposition of the cremated remains of the decedent set forth in the Antemortem authorization form or may cancel the cremation and claim the decedent's body for purposes of making alternative arrangements for the final disposition of the decedent's body.
- (2) The spouse of the decedent at the time of the decedent's death
- (3) Any person acting on the instructions of a decedent who authorized the decedent's own cremation by executing an antemortem cremation authorization form in accordance with section 4717.21 of the Ohio Revised Code.
- (4) A person serving as the executor or legal representative of the decedent's estate who is acting in accordance with the decedent's written instructions for the final disposition of the decedent's body
- (5) The decedent's surviving adult children. If more than one adult child, any of them who states on the cremated authorization form authorizing the decedent executed in accordance with section 4717.24 of the Ohio Revised Code that all of the decedent' other adult children have been notified of the decedent's death and of the plans to cremate the decedent and that none of them have expressed an objection to the cremation may serve as the authorizing agent.
- (6) The decedent's surviving parent or, if under if decedent is under 18 years of age at death, a surviving parent, guardian or custodian of the decedent. If is survived by both parents, either may serve as the authorizing agent by stating on the cremation authorization form authorizing the cremation of the decedent executed in accordance with section 4717.24 of the Ohio revised code that the other parent has been notified of the decedent's death and of the plans to cremate the decedent and that the other parent expressed no objection to the cremation.
- (7) The person in the next degree of to decedent in the order named in Section 2105.06 of the Ohio Revised Code.
- (8) If the decedent was an indigent person or other person the final disposition of whose body is the responsibility of Ohio or a political subdivision of this state, the public officer or employee responsible for arranging the final disposition of the decedent's body.
- (9) Adult Care Facility, Education research facility, nursing home, rest home, home for the aging or hospital who has been designated to make arrangements in an antemortum cremation authorization in accordance with Section 4717.23 of the Ohio Rev. Code.
- (10) In the absence of any of the parties' names in the above order of this section, any person willing to assume the responsibility of an authorizing agent under sections 4717.23 to 4717.30 of the Revised Code. **Appendix B is supplied for use.**

6. FINAL DISPOSITION (PLEASE INITIAL THE OPTION SELECTED AFTER READING Section 6 on Page 6)

(Initials) _____

Directions for the return or disposition of the Decedent as follows:

- Deliver to** _____ **cemetery** which with arrangements has already been made.
- Release or Delivery to designated person:**
 Name: _____ Relationship: _____
 Address: _____ Phone: _____
- Mail**
 Name: _____ Relationship: _____
 Address: _____ Phone: _____
- Other Method of Disposition (Describe):** _____

(Initials) _____

Unclaimed cremated remains: Remains not claimed within 60 days shall be treated as unclaimed cremated remains as described in Section 6B on page 6.

7. CERTIFICATION AND INDEMNIFICATION

The Authorizing Representative acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Representative in this authorization. The Authorizing Representative certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Representative agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representations and agreements contained in the Authorization.

This authorization for cremation and disposition was executed at _____, this _____ day of _____, 20_____.

Signature of Authorizing Representative: _____ Print Name: _____

Signature of Authorizing Representative: _____ Print Name: _____

Signature of Authorizing Representative: _____ Print Name: _____

Signature of Authorizing Representative: _____ Print Name: _____

Signature of Authorizing Representative: _____ Print Name: _____

Signature of Authorizing Representative: _____ Print Name: _____

Witness: _____

Witness Signature _____ Witness Printed Name _____

8. CERTIFICATE BY FUNERAL HOME UPON TRANSFER OF DECEDENT'S REMAINS TO CREMATORY

The decedent has been identified as those of the Decedent identified in Section 1 in accordance with State Law and that the Funeral Home, based upon the representations of the Authorizing Agent in Section 5 hereof, has taken reasonable precautions to ensure the removal of any Device listed in Section 1.B. from the Decedent's remains or to render such Device non-hazardous. The Funeral Home also certifies that any items listed in Section 1.C. hereof have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

FUNERAL HOME

Date: _____

Signature: _____

Printed Name _____

5. B. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually unless noted otherwise in Section 4.A. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Representative understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, shall be recovered by manual means, such as brushing, and industry-specific mechanical means, such as vacuuming, in order to retrieve the cremated remains from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is possible. The Authorizing Representative understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. Other non-bone fragment foreign material that was part of the deceased prior to cremation and recovered with the cremated remains, such as an internal prosthesis, shall be removed prior to processing so that only human bone fragments will remain. Non-bone fragment foreign material may be commingled with other like material and shall be disposed of in a dignified manner, such as burial in a cemetery, in accordance with all applicable laws. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner which may include sending them to a recycling company. In no way, will the crematory benefit financially from providing these materials to a recycling company other than forwarding any benefit to a nonprofit organization.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed, pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

6. FINAL DISPOSITION

Following the cremation, the Authorizing Representative directs the Crematory and/or Funeral Home to undertake the actions set forth on the reverse side to arrange the final disposition of the cremated remains of the Decedent. Cremated remains shall only be released, delivered, mailed or disposed of by the Cemetery or Funeral Home in a dignified manner, in accordance with the law, and with expressed written consent of the Authorizing Representative. If the cremated remains are shipped at any time, the Authorizing Representative directs that the Crematory or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

Ohio Protocol:

Unclaimed Cremated Remains:

The Authorizing Representative understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory shall hold the cremated remains for thirty (30) days after cremation. If during that thirty (30) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory will return the cremated remains to the Funeral Home or the Authorizing Agent at the address listed in Section 6.

In the alternative, if no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Representative has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Funeral Home immediately upon receipt of an invoice.

West Virginia Protocol:

Unclaimed Cremated Remains:

If the crematory or funeral establishment have any unclaimed cremated remains, the crematory or funeral establishment will store them in a secure location while trying to locate an authorized representative or person to whom the crematory or funeral establishment were instructed to release the cremated remains. Following WV procedure, the crematory or funeral establishment will:

1. 60 days after the cremation: If the cremated remains are not claimed, the crematory or funeral establishment must send notification, by certified mail, to the authorized representative or person to whom the cremated remains were to be released. This notification must inform the recipient that the cremated remains are unclaimed and that the crematory or funeral establishment need additional instructions regarding their release.
2. 30 days after the first notification: If the cremated remains are still unclaimed, the crematory or funeral establishment must send a second notification, by certified mail, to the same person(s) that you sent the initial notification. The crematory or funeral establishment must inform the recipient that the cremated remains are still unclaimed and that the crematory or funeral establishment need additional instructions regarding their release. The crematory or funeral establishment must also inform the recipient that the crematory or funeral establishment may dispose of the remains in ninety (90) days if unclaimed.
3. 90 days after the second notification: If the cremated remains are still unclaimed, the crematory or funeral establishment may dispose of the cremated remains by burial or entombment. The crematory or funeral establishment may bury the cremated remains in a common grave if the crematory or funeral establishment informed the authorized representative earlier of the possibility of the use of a common grave. See below.

After all of the above steps have been taken the Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Representative shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Funeral Home immediately upon receipt of an invoice.

APPENDIX A
Statement Regarding Approval by Authorized Representative(s) for Cremation

"I/We, _____, do hereby understand that any living person who meets the qualifications of any level above or equal to the one I/we filled in Section 5A would have a **superior or equal** right to act as the Authorizing Representative. I/We do not have actual knowledge of the existence of any living person who has a **superior** right to act as the Authorizing Representative.

However, **not all** of the surviving authorized representative who have an **equal** right are signing the **AUTHORIZATION FOR CREMATION AND DISPOSITION**, and I/We have used reasonable efforts to notify all other surviving authorized representatives of the decedent's death and of the instructions for cremation and are not aware of any opposition to those instructions by those with **equal** right to act as the Authorizing Representative.

Signed	Signed
Signed	Signed

State of _____
County of _____

I, _____, a Notary Public of said County, do certify that _____, as principal whose name is signed to the writing above bearing date on the _____ day of _____, 20____, has this day acknowledged the same before me.

Given under my hand this _____ day of _____, 20____.

My commission expires: _____

Notary Public"

APPENDIX B
Statement Regarding Authorized Representative(s) Assumption of Responsibility for Cremation
(WV death only-For Ohio death Remove Second Paragraph)

"I/We, _____, am aware of a living person or persons who have a **superior** priority right to act as the Authorizing Representative. I/We have made reasonable efforts to contact such person(s) and have been unable to do so and attest to that a good-faith effort has been made to no avail to contact the individuals listed who have the **superior** right of disposition. I have no reason to believe that the person(s) with the **superior** priority right would object to the cremation of the Decedent. Based on this we are assuming the responsibility to act and arrange the final disposition of the decedent's remains.

Also, **WV Article 6, 30-6-22(c)** states "the person entitled under law to the right of disposition forfeits that right, and the right is passed on to the next qualifying person after 2 days of notification of the death of decedent or within 3 days of decedent's death, whichever is earlier".

Signed	Signed
Signed	Signed

State of _____
County of _____

I, _____, a Notary Public of said County, do certify that _____, as principal whose name is signed to the writing above bearing date on the _____ day of _____, 20____, has this day acknowledged the same before me.

Given under my hand this _____ day of _____, 20____.

My commission expires: _____

Notary Public"

APPENDIX C
STATEMENT REGARDING SEARCH FOR PERSONS OF RIGHT OF DISPOSITION
BY FUNERAL HOME

1. PARTIES:

"FUNERAL HOME": _____
(Name of Funeral Home)

"REPRESENTATIVE": _____
(Name of Funeral Home Representative)

"DECEDENT": _____
(Name of Decedent)

2. RELATIONSHIP OF REPRESENTATIVE:

The REPRESENTATIVE warrants and represents that the REPRESENTATIVE is employed by the FUNERAL HOME and his authorized to execute this Statement on its behalf.

3. STATEMENT OF REPRESENTATIVE:

The REPRESENTATIVE states and attests that the REPRESENTATIVE has made a good faith effort to locate a person with the right of disposition over the remains of the DECEDENT as listed in the state code in order of the Authorized Representative who has the right of disposition. After conducting such a good faith effort, the REPRESENTATIVE makes the following statements(s):

[Initial either Statement below]

Initials:

Statement:

The REPRESENTATIVE was able to locate a person or persons qualified under the state code to exercise the right of disposition, but such person(s) refused to assume the right of disposition of the remains of the DECEDENT.

The REPRESENTATIVE was unable to locate any person who qualified to exercise the right of disposition under the state code.

Date:

Signature of Representative