

**Lensing Funeral and Cremation Service**  
**605 Kirkwood Avenue - Box 167 - Iowa City, Iowa 52244**  
**Phone 319-338-8171 / Fax 319-338-2328**

**- CREMATION AUTHORIZATION - POLICIES, PROCEDURES AND  
REQUIREMENTS - FACSIMILE TRANSMISSION APPROVAL -**

**IDENTIFICATION**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Place of Death \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

This form executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

**AUTHORIZATION**

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Lensing Funeral and Cremation Service, in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of the "decedent" noted above and to arrange for the final disposition of the cremated remains, as set forth on this form.

**AUTHORITY OF AUTHORIZING AGENT**

I (we), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her, \_\_\_\_\_ or that I otherwise serve (served) in the capacity of \_\_\_\_\_ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of Iowa, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent, sibling or legal guardian specified.

**CREMATION WILL TAKE PLACE ONLY AFTER ALL OF THE FOLLOWING CONDITIONS HAVE BEEN MET:**

- 1) Any scheduled ceremonies or viewing have been completed.
- 2) Civil and medical authorities have issued all required permits.
- 3) All necessary authorizations have been obtained and no objections have been raised.
- 4) The remains bear a means of identification attached to the cremation container.
- 5) All jewelry and other metallic mementos, pacemakers, prostheses and radioactive implants have been removed.
- 6) Material identifying the human remains should include:
  - A) Name of the deceased
  - B) Date and time of death
  - C) Place of death
  - D) Name and relationship of authorizing agent(s)

**CONTAINERS FOR CREMATION**

Lensing Funeral and Cremation Service requires that the decedent be placed in some form of container for cremation. All containers must meet the following standards:

- 1) be composed of crematable materials;
- 2) be able to be closed to provide a complete covering for the human remains;
- 3) be resistant to leakage or spillage;
- 4) be sufficient for handling with ease; and
- 5) be able to provide protection for the health and safety of crematory personnel.

Most caskets will comply with the above requirements. Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment or be illegal under the environmental laws. Lensing Funeral and Cremation Service, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

***Lensing Funeral and Cremation Service does not accept metal caskets for cremation.***

**THE CREMATION PROCESS**

All cremations are performed individually. Exceptions are only made in the case of close relatives, and then only with the prior written instructions of the Authorizing Agent(s).

Immediately prior to being placed within the cremation chamber, an identification tag inscribed with a number shall be placed within the cremation chamber, where it shall remain in place until the cremation process is complete.

Cremation is performed by placing the decedent in a casket or other container and then placing the casket or container into a cremation chamber or retort, where it is subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the decedent in order to facilitate a complete and thorough cremation.

Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed, except bone fragments (calcium compounds) and some metals (including dental gold and silver and other nonhuman 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 prosthesis or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or, if not destroyed, will be disposed of by burial by Lensing Funeral and Cremation Service. Burial of materials not destroyed will occur when Lensing Funeral and Cremation Service deems it necessary and at their discretion. Our policy is to remove all personal possessions and valuable materials when practical prior to cremation. The casket or container will always be opened and a licensed funeral director will examine the decedent to ensure that all requirements are met regarding personal possessions. In the case of cremation for another funeral home, it is suggested that arrangements be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to Lensing Funeral and Cremation Service.

Pacemakers may cause physical damage to the crematory chamber and must, without exception, be removed prior to cremation.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average size adult, are then swept or raked from the cremation chamber. Lensing Funeral and Cremation Service makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid co-mingling, inadvertent or incidental co-mingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by Lensing Funeral and Cremation Service with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other materials, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental co-mingling of the remains with the residue from the processing of previously cremated remains. These granulated particles will be virtually unrecognizable as human remains.

#### **URNS / CONTAINERS**

After the cremated remains have been processed, they will be placed in the designated urn or container. Lensing Funeral and Cremation Service will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instruction on this authorization.

Lensing Funeral and Cremation Service requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urn or container be minimum size of 200 cubic inches. If such an urn or container is not provided for the cremated remains, then Lensing Cremation Service will place the cremated remains in a container designed for shipping or permanent storage.

#### **LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Lensing Funeral and Cremation Service, its officers, agents and employees, from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to Lensing Funeral and Cremation Service, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Lensing Funeral and Cremation Service, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Lensing Funeral and Cremation Service, in conducting the cremation is relying on the accuracy of all of the information and representations of the parties authorizing the cremation. Accordingly, the obligations of Lensing Funeral and Cremation Service shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on this document. No warranties express or implied are made and damages shall be limited to the amount of the cremation fee paid.

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#### **FINAL DISPOSITION**

After the cremation has taken place, the cremated remains have been processed and placed in the designated receptacle, Lensing Funeral and Cremation Service will arrange for the disposition of the cremated remains. The Authorizing Agent(s) hereby authorize Lensing Funeral and Cremation Service to release, deliver, transport, or ship the cremated remains as specified below.

If final disposition of the cremated remains has not been completed within thirty (30) days of the cremation, then Lensing Funeral and Cremation Service shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law.

Please specify instructions: \_\_\_\_\_

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**SIGNATURE OF AUTHORIZING AGENT(S)**

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to authorize Lensing Funeral and Cremation Service to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

I (We) have read the information contained in this document and hereby authorize Lensing Funeral and Cremation Service to perform the cremation of the decedent in accordance with that document.

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Signature of Funeral Director as Witness for Signatures(s) of Authorizing Agent(s)

\_\_\_\_\_  
Name and Address of Funeral Home

**FACSIMILE TRANSMISSION APPROVAL**

I hereby warrant that I am the person listed on this document as the Authorizing Agent(s), legally permitted to authorize the cremation of \_\_\_\_\_, and that I have executed this form in the presence of a Notary Public, as described below. In addition, I am not aware of any objection to this cremation by any spouse, child, parent, sibling or legal guardian specified on this authorization form.

In addition to all other authorizations, representations and warranties contained in this Cremation Authorization, I hereby authorize Lensing Cremation Service to cremate the body of \_\_\_\_\_, upon its receipt of an executed copy of this form. I agree to hold Lensing Funeral and Cremation Service harmless and to fully indemnify it for any such action that it takes based upon a facsimile transmission or any other electronically reproduced copy of these forms. I further warrant that I will arrange for the original version of these documents, that bear my actual signature, to be delivered directly to Lensing Funeral and Cremation Service without delay.

\_\_\_\_\_  
\_\_\_\_\_  
Authorizing Agent(s) Signature(s)

\_\_\_\_\_  
Date

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

I am a Notary Public and I hereby confirm that \_\_\_\_\_, whose signature is set forth above as "Authorizing Agent(s)," executed this "Cremation Authorization From Supplement - Facsimile Transmission Approval" in my presence.

Subscribed to and sworn before me this:  
\_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public (Sign In Black Ink)  
Seal or stamp Must be affixed to Each Original

**REPRESENTATIONS OF FUNERAL DIRECTOR**

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to best of my knowledge the following:

- 1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization from with the Authorizing Agent(s).
- 2. That no member of our funeral home has knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
- 3. That the human remains delivered to Lensing Funeral and Cremation Service and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.
- 4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
- 5. That the representations contained above concerning a pacemaker and any other materials or implants that may be potentially hazardous are true.

\_\_\_\_\_  
Licensed Funeral Director's Signature

\_\_\_\_\_  
State of Licensure and License Number

\_\_\_\_\_  
Date