



2111 - 1<sup>st</sup> Street A, Moline, IL 61265  
309-797-1900

**Black Hawk Crematory**  
4141 30<sup>th</sup> Street  
Rock Island, IL 61201

**Phone 309-283-7747 Fax 309-283-7746**

**Funeral Home:** Rafferty **Deceased Name:** \_\_\_\_\_

**AUTHORITY OF AUTHORIZING AGENT**

I (we) hereby certify that the decedent left the following heirs at law:

Spouse YES NO NAME: \_\_\_\_\_

Children YES NO How Many: \_\_\_\_\_ NAMES: \_\_\_\_\_

Parents YES NO How Many: \_\_\_\_\_ NAMES: \_\_\_\_\_

Siblings YES NO How Many: \_\_\_\_\_ NAMES: \_\_\_\_\_

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are): \_\_\_\_\_

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. Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

Therefore, I (we) the undersigned, hereby certify that I am (we are) the closest living next of kin of the decedent and that I am (we are) related to the decedent as his/her \_\_\_\_\_ or that I (we) otherwise serve (served) in the capacity of Executor / POA / or \_\_\_\_\_ to the decedent that I (we) 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 \_\_\_\_\_ to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am (we are) aware of no objection to this cremation by any spouse, child, parent or sibling specified.

There is another living person, \_\_\_\_\_ (name and relationship), who has the right to control the final disposition of the decedent, but that person has provided me (us) with written permission to arrange for the cremation of the decedent.

**X Initials of AA** \_\_\_\_\_

**OR**

There is another living person, \_\_\_\_\_ (name and relationship), who has the right to control the final disposition of the decedent. I (we) have made all reasonable effort to contact this person, but have been unable to do so. However, I (we) have no reason to believe that this person would object to the cremation of the decedent.

**X Initials of AA** \_\_\_\_\_

**IDENTIFICATION**

I (we), the undersigned (the "Authorizing Agent"), hereby authorize and request **Rafferty Funeral Home** in accordance with and subject to its rules and regulations, and any applicable Federal, Illinois, Iowa and local laws or regulations, to cremate the human remains of \_\_\_\_\_ (the decedent) and to arrange for the final disposition of the cremated remains, as set forth on this form.

Time/Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Sex: \_\_\_\_\_ Age: \_\_\_\_\_ **X Initials of AA** \_\_\_\_\_

I (we) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to the Crematory, for cremation.

**X Initials of AA** \_\_\_\_\_

or

\*\* we elect to waive that right of identification in lieu of Coroner/ME or Institutional ID **X Initials of AA** \_\_\_\_\_



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**Deceased Name:** \_\_\_\_\_

**SERVICES**

Name of Funeral Home: **Rafferty Funeral Home**

Address: 2111-1<sup>st</sup> Street A, Moline, Illinois 61265

Funeral Home License Number: \_\_\_\_\_

Funeral Director in Charge: \_\_\_\_\_

Is any type of service to be held before the cremation? **YES / NO**

If yes, please indicate day, date, place, and time: \_\_\_\_\_

It is the Crematory's policy for health and safety reasons that no one be allowed in the Crematory Room to witness the cremation process, unless required to do so for religious reasons. Visual witnessing is available in an adjoining room.

The Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time and schedule, as work permits, without obtaining any further authorization or instructions. **YES / NO**

If no, please explain \_\_\_\_\_

**X Initials of AA** \_\_\_\_\_

**MEDICAL HISTORY**

Did the decedent die of natural causes? **YES / NO** If no, please explain \_\_\_\_\_

Did the decedent have any infectious or contagious disease? **YES / NO** If yes, please explain \_\_\_\_\_

Mechanical, silicone implants or other radioactive devices in the decedent may create a hazardous condition when placed in a cremation chamber.

**Please initial and fill in the information in one of the next two paragraphs:**

The decedent's remains do not contain a pacemaker, prosthesis, radioactive implant or any other device that could be explosive. They are safe to cremate. **X Initials of AA** \_\_\_\_\_

**or**

The following list contains all existing devices (including all mechanical and prosthetic devices) which may be implanted in or attached to the decedent, and that should be removed prior to cremation \_\_\_\_\_

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent's remains to the Crematory. **X Initials of AA** \_\_\_\_\_

**SUCH DEVICES AS DEEMED HARMFUL TO THE CREMATORY OPERATOR OR CREMATORY EQUIPMENT MUST BE REMOVED**



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**CREMATORY POLICIES, PROCEDURES AND REQUIREMENTS  
THE CREMATION PROCESS**

**All cremations are performed individually.** Cremation is performed to prepare the deceased for memorialization and it is carried out by placing the deceased in a casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. Through the use of a suitable fuel, incineration of the container and contents is accomplished by raising the temperature substantially (extreme temperature.) After about two and a half hours, all substances are consumed or driven off, except bone fragments (calcium compounds), residue from the container and metal 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 decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. As the casket or container will usually **not** be opened by the crematory (to remove valuables, to allow for final viewing or for any other reason unless there is leakage or damage), the Authorized Agent understands that arrangements may be made with the funeral home to remove any such possessions or valuables prior to the time that decedent is transported to the Crematory.

**X Initials of AA** \_\_\_\_\_

Following a cooling period, the cremated remains, normally weighing several pounds for the average individual are then swept or raked from the cremation chamber. The Crematory 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 commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorized Agent understands and accepts this fact.

**X Initials of AA** \_\_\_\_\_

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 the Crematory with similar materials from other cremations in a non-recoverable manner, so that only the human bone fragments will remain. Any proceeds received for recyclable metals are donated to local charities.

**X Initials of AA** \_\_\_\_\_

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 material, they will then be mechanically processed (pulverized), which includes crushing or grinding and incidental commingling of the remains with the residue from the processing of previously cremated remains, into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container.

**X Initials of AA** \_\_\_\_\_

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory 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. The Crematory requires that all urns provided be resistant to deterioration and breakage, and that in the case of an adult the urn will be at a minimum size of 200 cubic inches. In the event the urn or container selected 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 instructions on this form. Unless a suitable urn is provided for the cremated remains, The Crematory will place the cremated remains in a container designed for short-term use.

**X Initials of AA** \_\_\_\_\_

Size and Type of Urn or Container Selected for Return: \_\_\_\_\_  
\_\_\_\_\_



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**FINAL DISPOSITION**

**Cremated remains may be disposed of by placing them in a grave, crypt, or niche; by scattering them in a scattering area designated by a cemetery and located on dedicated cemetery property where cremated remains, which have been removed from their container, can be mixed with, or placed on top of, the soil or groundcover; or in any manner what so ever on the private property of a consenting owner.** The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds for the average individual and the volume usually ranges between 150 and 200 cubic inches. After the cremation has taken place, the cremated remains will be processed and the processed cremated remains placed in a designated receptacle. Some provision must be made for the final disposition of these cremated remains. Placing them in a temporary storage at a funeral home is not final disposition. Therefore, the Crematory strongly suggests that arrangements for final disposition be made at the time that the cremation arrangements are made and that this form is completed. The Authorizing Agent will be responsible for reimbursing the Crematory Authority for all reasonable expenses incurred in the disposing of cremated remains.

Authorizing Agent hereby authorizes the Crematory to release, deliver, transport or ship the cremated remains as specified. Check one of the following:

\_\_\_\_\_ 1) Return to funeral home by \_\_\_\_\_ 24 hour rush: Yes No

\_\_\_\_\_ 2) Deliver the cremated remains to \_\_\_\_\_, with which arrangements have already been made for the cremated remains \_\_\_\_\_

\_\_\_\_\_ 3) Deliver or Release the cremated remains to the following person: Name : \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Scheduled date of delivery or release: \_\_\_\_\_

\_\_\_\_\_ 4) Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X Initials of AA** \_\_\_\_\_

The Authorizing Agent understands that if no arrangements for the final disposition, release or transfer of the cremated remains are specified on this form, if the Funeral Home or Crematory is not subsequently provided with instruction concerning the final disposition, release or transfer of the cremated remains within **60 days** of the date of cremation or if the cremated remains have not been picked up by the designated individual within 60 days of the date of cremation, then the Funeral Home or Crematory shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law. The Authorized Agent understands that such final disposition will be final, and that from thereafter the cremated remains of the decedent will not be recoverable. The Authorized Agent understands that if the option selected for final disposition includes scattering, that the cremated remains will not be recoverable

**X Initials of AA** \_\_\_\_\_



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**CASKETS / CONTAINERS**

Cremation requires that the body of the deceased be delivered for cremation in a suitable container which may be either a wooden cremation casket or an alternative (cardboard) container for cremation. If an alternative container is provided it must meet the following standards 1) be composed of readily combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be rigid enough for handling with ease; and 5) be able to provide protection for the health and safety of Cremation Personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary and in the event there is leakage or damage, the Crematory may contact the authorizing agent directly for instructions.

**Type of Casket or Container Selected :** \_\_\_\_\_

Many caskets that are comprised primarily of combustible materials also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. Illinois environmental authorities may not allow the combustion of any plastic materials. The Crematory, at its sole discretion, reserves the right to remove these materials, whether combustible or not prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

**X Initials of AA** \_\_\_\_\_

**REPRESENTATIONS OF FUNERAL DIRECTOR**

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

- 1) That our funeral home was responsible for making arrangements with the Authorizing Agent for the cremation of the decedent and that we reviewed this authorization form with the Authorizing Agent.
- 2) That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form by the Authorizing Agent are incorrect or incomplete.
- 3) That the human remains delivered to the Crematory 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 the decedent's cause of death and regarding any infections or contagious disease are true.
- 6) That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

\_\_\_\_\_  
Signature of Licensed Funeral Director

\_\_\_\_\_  
License Number of Funeral Director



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Pre-Need Cremation Arrangements

IF THIS AUTHORIZATION FORM IS BEING EXECUTED BY A PERSON ARRANGING FOR THEIR OWN CREMATION ON A PRE-NEED BASIS THEN, IN ACCORDANCE WITH ILLINOIS LAW, ONE OF THE FOLLOWING PARAGRAPHS MUST BE CHECKED AND THE DESIGNATED PARTIES NAMED.

1)

I do not wish to allow any of my survivors the option of cancelling my cremation and selecting alternative arrangements, regardless of whether my survivors deem a change to be appropriate.

OR

2)

I wish to allow only the survivors whom I have designated the option of cancelling my cremation and selecting alternative arrangements if they deem a change to be appropriate.

DESIGNATED PARTIES \_\_\_\_\_ and \_\_\_\_\_

FUNERAL DIRECTOR/PRE-NEED COUNSELOR \_\_\_\_\_

License Number \_\_\_\_\_

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless **Rafferty Funeral Home** and Black Hawk Crematory, its officers, agents, and employees, of and from any and all claims, demands, 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 of the Authorizing Agent to properly identify the human remains transmitted to the Crematory, mistakes in processing, shipping and final disposition of the decedent's cremated remains, resulting from the authorization, the failure of the Authorizing Agent or their designee to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful implants or batteries that may explode, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by **Rafferty Funeral Home** and Black Hawk Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence on the part of **Rafferty Funeral Home** and Black Hawk Crematory.

**X Initials of AA** \_\_\_\_\_

I (we) have read the attached document entitled "Crematory Policies", Procedures and Requirements" and hereby authorize the Crematory to perform the cremation of the decedent in accordance with that document (page 3/7).

**X Initials of AA** \_\_\_\_\_



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**SIGNATURE OF AUTHORIZING AGENTS**

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 induce **Rafferty Funeral Home** and Black Hawk Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form. By signing below, we agree to the Black Hawk Crematory Cremation Authorizing Form and allow for one authorizing agent to initial the previous 6 pages.

Executed at: \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_

1) Name: \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**X Signature** \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**X Signature** \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**X Signature** \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**X Signature** \_\_\_\_\_

5) Name: \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**X Signature** \_\_\_\_\_