

Church and Chapel Funeral Service Cremation Guidelines

It is our intent to serve your family with dignified service as to your request. We have listed items that your family may wish to consider when selecting cremation as the final form of disposition. Many families may wish for a traditional funeral including public viewing and/or funeral service, with cremation selected as the form of final disposition after the public or private funeral.

1. The State of Wisconsin requires a 48 hour waiting period between the time of passing and cremation.
2. A cremation permit is issued by the Medical Examiner from the county of death. There is usually a fee from that county for this permit.
3. The Medical Examiner's office may require a physical viewing of the deceased prior to issuing a cremation permit. Milwaukee and Waukesha County Medical Examiner's offices require a physical viewing.
4. A death certificate needs to be produced and signed by the attending physician prior to requesting a cremation permit.
5. Should you desire the cremated remains be present for a planned memorial service, please be aware that approximately 8-10 business days are typically required to process and complete the paperwork, obtain a cremation permit, and carry out the cremation. Of course, you may have a memorial service without the cremated remains present or with an urn that does not contain the cremated remains.
6. An authorization for our funeral service and the crematory is necessary to cremate human remains. This form is signed by the authorizing agent who is the legal next of kin for the deceased.
 - A. If there are multiple legal next of kin, we request they all sign this authorizing statement or give written permission for a legal next of kin to serve as authorizing agent.
 - B. It is the responsibility of the authorizing agent to obtain any and all signatures from legal next of kin within a very prompt time frame with the intent not to exceed 5 business days to obtain signatures. Fax signatures are accepted and they do not need to be notarized.

- C. Should a legal next of kin not be able to be reached, the authorizing agent will need to initial that all responsible efforts were made to contact that person(s) and that they would not object to the cremation of the decedent's remains.
- D. Should any legal next of kin object to the cremation of the decedent's remains, the cremation process will not take place.
7. Because a power of attorney ceases upon death, a person holding a power of attorney from the deceased cannot authorize cremation based upon that power of attorney.
8. The remains of the deceased will be placed in a refrigeration room until cremated. There will be a fee for refrigeration.
9. Embalming is not required for cremation unless there is to be a visitation or funeral ceremony with the body present. Normally, refrigeration is sufficient to preserve an un-embalmed body until cremation can be arranged. If refrigeration is not sufficient to prevent decomposition, we may ask for permission to embalm the body or to perform invasive cavity injections to assist preserving the body until cremation.
10. The remains of the deceased will be cremated in a combustible casket or alternative container that is suitable for the cremation process.
11. On the cremation authorization form, the legal next-of-kin must provide instructions as to who shall receive the cremated remains and whether they are to be shipped, delivered, or picked-up. If cremated remains are not retrieved by the legal next-of-kin or his or her designee within 45 days after the cremation, the cremated remains may be interred at a local cemetery. All costs of the interment and any subsequent disinterment fees will be the responsibility of the individual signing the authorization form.
12. Our firm does not require immediate family members to view and identify their loved ones prior to cremation with the family members or agent accepting the medical examiner identifying their loved one. Should the family wish to schedule a private viewing at our Brookfield location (1875 N. Calhoun Rd.) they are certainly welcome to do so. Appointment time can be accommodated between the hours of 9am to 4pm. Viewings are subject to our private chapel fee and should not exceed 1 hour.

Signature

Date

Printed Name

Name of deceased

Date: _____

CREMATION AND DISPOSITION AUTHORIZATION

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 8 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 the other information in this Form.

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.

(Print all information except signatures.)

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ Date of Death: _____ Time: _____

Place of Death: _____ Sex: M ___ F ___ Age: _____ DOB: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

(Initials) The Authorizing Agent or his designee has viewed the remains and positively identified them as the body of the Decedent.
OR

(Initials) The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent or his designee has positively identified the photograph as that of the Decedent.
OR

(Initials) The Authorizing Agent declines to personally identify the remains and agrees to fully indemnify and hold harmless the Funeral Home from all damages directly or indirectly arising from this failure to identify of the remains.

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Church and Chapel Funeral Service, 1875 N. Calhoun Road, Brookfield, Wisconsin 53005 to serve as funeral home and crematory and to carry out the directions and instructions of the Authorizing Agent contained in this Authorization. The cremation will either take place at the Church and Chapel crematory or at another licensed Wisconsin crematory selected by Church and Chapel Funeral Service.

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____

Address: _____

Home Telephone No.: (_____) _____ Relationship: _____

Cell Telephone No.: (_____) _____ Work Telephone No.: (_____) _____

4. AUTHORITY OF AUTHORIZING AGENT

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

(Initials) I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.
OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me permission to serve as Authorizing Agent.
OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.

Name(s) of Other Persons: _____

5. PACEMAKERS, IMPLANTS, AND PROSTHESES

Description of Devices: _____

Please initial one of the following statements:

_____ The remains of the Decedent do not contain any of the Devices described in #5.
(Initials)

OR

_____ As Authorizing Agent, I instruct Church and Chapel to remove heart pace maker and to charge for its services in making or
(Initials) arranging for such removal. Church and Chapel is to dispose or cremate any other Devices.

The Devices listed are to be removed and returned to the Authorizing Agent: _____

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed in #5 above all devices (including mechanical, prosthetic, implants or materials), which may have been implanted in or attached to the Decedent. Implants that may contain metal and are not burned during the cremation process as the cremation heat may not be high enough to destroy said metal, may be donated to the national Implant Recycling LLC which in turn may melt down this metal to recycle. There may be a small monetary reimbursement for this metal which Church and Chapel has directed any and all monetary stipends to be given to Make-a-Wish Foundation locally.

6. CASKET OR ALTERNATIVE CONTAINER

Casket or Alternative Container Selected: _____

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 the Crematory's personnel. 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 Agent, I authorize the Crematory, in its sole discretion, to remove and discard the non-combustible materials. I understand that the crematory will not accept metal or fiberglass caskets for cremation. I further understand that the casket or alternative container will be consumed as part of the cremation process.

7. WITNESSES

_____ No Witnesses
(Initials)

List of Witnesses

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Crematory from any liability. To the extent permitted by the Crematory, the persons listed above are authorized to be present at the cremation viewing room prior to and during the cremation of the Decedent's remains for a period not to exceed 1 hour which a fee would be applicable. If you desire witnesses, you must initial #7 above and list their names.

8. 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. 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 Agent understands that arrangements must be made with Church and Chapel to remove any jewelry at the time arrangements are made.

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. Although the crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as 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 a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. After the bone fragments have been separated from the other material, they will be mechanically 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.

9. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

(Initials) As Authorizing Agent, I have read and understand the description of the cremation process contained in # 8 and authorize the cremation, processing and pulverization of the remains of the Decedent.

10. URN OR TEMPORARY CONTAINER

Urn selected by Authorizing Agent. Description of urn: _____

After the cremated remains have been processed, they will be placed in the urn listed above or, if an urn is not provided to Church and Chapel, in a temporary urn container provided by Church and Chapel. The Authoring Agent acknowledges that it is impossible to recover all of the dust and the residue from the cremation and processing.

In the case of an adult, it is recommended that the urn or temporary urn container be a minimum size of 200 cubic inches or an estimated size of 9x7x5. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by Church and Chapel in a secondary container. This secondary container will be kept with the urn or temporary container and handled according to the final disposition instruction set forth in Section 11 below; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to Church and Chapel must be appropriate for shipping. The Authorizing Agent directs Church and Chapel to use the specified urn or container listed above.

11. FINAL DISPOSITION (PLEASE INITIAL THE OPTION SELECTED AFTER READING #11)

_____ I choose to pick up the cremated remains at 1875 N. Calhoun Road, Brookfield, Wisconsin.
(Initials)

_____ Church and Chapel shall deliver the cremated remains of the Decedent to Authorizing Agent. There will be a delivery charge.
(Initials) Delivery shall be within a 30 mile radius from 1875 N. Calhoun Road, Brookfield, Wisconsin.
Distances greater than 30 miles shall have the remains shipped via US Postal Service.

_____ Church and Chapel shall deliver the cremated remains of the Decedent for disposition as follows (delivery charges may apply):
(Initials)

Deliver to _____ cemetery which with arrangements have already been made.

Deliver or release to:

Name: _____ Relationship: _____

Address: _____

Other: _____

Following the cremation, the Authorizing Agent directs Church and Chapel to undertake the actions set forth selected above to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that Church and Chapel utilize registered 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.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, Church and Chapel shall hold the cremated remains for forty five (45) days after cremation. If during that forty five (45) 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 Church and Chapel may return the cremated remains to the Authorizing Agent at the address listed in Section #3. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within forty five (45) days after the cremation and if the Authorizing Agent 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 forty five (45) day period because of the inaction of a party other than Church and Chapel, then Church and Chapel 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 Church and Chapel immediately upon receipt of an invoice. In the event the cremated remains are to be removed from the grave, crypt, niche or other, associated expenses shall be paid by the Authorizing Agent.

12. PERSONAL PROPERTY

All personal property and effects returned with the remains of the Decedent, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by Church and Chapel, in its sole discretion, unless specific instructions from Authorizing Agent are given below.

Items to be returned to Authorizing Agent:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Items to be cremated with the deceased: (Please indicated if items are present at time of arrangement or will be brought to funeral home at a different time.)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. VISITATION, VIEWING 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: _____

Prior to the cremation of the decedent's remains, the authorizing agent or the decedent's family has arranged for use of the **PRIVATE CHAPEL** for family viewing or positive identification on (date) _____ at (time) _____.

A Memorial Service is scheduled for (date) _____ from (times) _____. If the authorizing agent is requesting the decedent's remains to be present at the Memorial Service, it is with the understanding of the conditions listed in Item #5 of the Cremation Guidelines.

14. TIME OF CREMATION

_____ Authorizing Agent understands and agrees that the Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits without any further notification to the Authorizing AgentOR.....contact

(name) _____ (relationship) _____ at (phone number) _____
prior to cremation taking place.

15. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that Crematory is relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent 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 Agent agrees to indemnify and hold harmless the Crematory, its 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 Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Signed at (time) _____ this _____, day of _____.

Signature of Authorizing Agent: _____

Relationship: _____

Witness: _____ Printed Name _____

Witness: _____ Printed Name _____

Witness: _____ Printed Name _____

Witness: _____ Printed Name _____

Witness: _____ Printed Name _____

Signature of Funeral Director Witnessing Authorization: _____