



Back Protection Inc,
(DBA Peace And Paradise)
2824 Bernice Rd,
Lansing, IL 60438
877-337-3223

FUNERAL HOME _____

Date _____

I/We the undersigned, authorize in accordance with and subject to the rules and regulations of the State of Illinois, to cremate the remains of (deceased) _____ . The deceased was pronounced on _____ (Date of Death), at _____ (Time), in this city _____, and hereby agree to be responsible for and pay all charges incurred with respect to this authorization..

I hereby certify that I have the legal authority to arrange for the cremation and disposition of the cremated remains of the above-named deceased. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling. The death (Circle) **Was** / **Was Not** caused by an Infectious, a Contagious, Communicable disease or dangerous to the Public Health.

I / We, the undersigned assume **all** liability for mistaken identity or incorrect identification and do hereby agree to indemnify and hold Back Protection Inc, its agents, officers and employees; and _____ (Funeral Home if applicable).

In requesting cremation, I acknowledge that such is an irreversible act, and, therefore, I do hereby authorize cremation with full knowledge that the funeral director is acting **solely** upon my direction.

Authorization Clause: You must notify Back Protection Inc of any devices that may cause an explosion or damage in the cremation chamber. Those devices include heart pacemakers, silicon, prosthesis, and radioactive producing implant devices or other life sustaining devices. If the crematory does not receive notice, the person or persons authorizing cremation shall be held responsible for any damage resulting thereof. The funeral director and crematory shall accept NO liability under these circumstances.

INITIAL HERE TO CERTIFY YOU READ ABOVE CLAUSE _____

I (**print**) _____, identified the above named remains and have authorized funeral home to deliver the remains to Back Protection, Inc crematory for cremation. I further certify that I have made such inquiry as is necessary to determine whether the remains of the de-ceased contains any of the above specified implant devices and certify that it does not. It is my understanding that the crematory will not accept the body for cremation if it contains these devices, and that said crematory will rely solely on this certification in accepting the remains for cremation.

I understand that due to the nature of the cremation process any jewelry, personal material and valuables, to included dental gold, will be destroyed, and or rendered unrecoverable, unless they are removed at my specific direction, noted below. Specific instructions noted below must give all necessary information, directions and descriptions. Back Protection Inc retains the right to hold electronic verification of the remains of the deceased, and I agree that Back Protection Inc may have access and use photographic and electronic images of the deceased and any medical records of the deceased, for identification and training purposes.

I further understand that I will indemnify and hold harmless the funeral director, Back Protection Inc Crematory, their officers and employees from any liability, costs, expenses or claims resulting from this certification. The funeral home or crematory will not be liable, or responsible for any unclaimed cremains after thirty days, and they may be disposed of after 60 days in any lawful manner it deems appropriate.

If the Illinois department of human services cremation/burial claims are denied, we have your permission to file an appeal on your behalf for payment.

Disposition

Primary _____ Relationship _____

Phone _____

Address (Complete): _____ City _____ State _____ Zip Code _____

Date _____

Social Security Number: _____ .Date of Birth: _____

Signature _____

Other. (Print) _____ Relationship _____ Phone _____

Other (Print) _____ Relationship _____ Phone _____

Funeral Director Signature _____ .License # _____

Notary SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20 _____.

Notary Public _____ My Commission expires _____