

## Assumption of Right of Disposition

If the person vested with the authority to determine final disposition fails to exercise that right within 72 hours of notification of the death of the decedent, they forfeit that right and it passes to the next person(s) described in the law.

I/we \_\_\_\_\_ bearing the relationship of \_\_\_\_\_ to the decedent, \_\_\_\_\_ do hereby warrant and represent to the \_\_\_\_\_ Funeral Home that according to Indiana law I/we have the authority to arrange for the disposition of the decedent under IC 25-15-9-18, *et al*; (Initial all that apply)

\_\_\_\_ (If the death of the decedent was the result of a criminal act) There is no reasonable suspicion on the part of law enforcement that I/we committed any such offense.

\_\_\_\_ I/we do not have a protection order filed against me/us by the decedent prior to his/her death.

\_\_\_\_ (If I am the legal spouse of the decedent) No petition to dissolve the marriage or for legal separation was pending with a court at the time of the decedent's death, nor were we physically or emotionally separated for an extended period at the time of the decedent's death.

\_\_\_\_ To the best of my/our knowledge and belief, there is no Funeral Planning Declaration, DD Form 93, Health Care Power of Attorney or other Power of Attorney giving anyone else a superior or equal right to arrange for the disposition of the deceased.

\_\_\_\_ I/We are not aware of anyone who has a superior or equal right to arrange for the disposition of the decedent.  
- OR -

\_\_\_\_ I /we are aware of \_\_\_\_\_ bearing the relationship of \_\_\_\_\_ to the deceased.

\_\_\_\_ We have contacted them and they do not object to my/our plans for final disposition of the decedent.  
- OR -

\_\_\_\_ We have made a good faith effort to contact them and have been unsuccessful. We are not aware of any opposition they would have to my/our plan for final disposition of the decedent.

I/we do hereby warrant the truthfulness of all statements made herein; the identity of the decedent; and my/our authority to order the funeral services or other ceremonial arrangements, cremation, interment, entombment and/or inurnment of the decedent. I/we acknowledge that

I/we personally and individually assume liability for and agree to pay damages for any harm caused by or as a result of the signing of any authorization for cremation, interment, entombment, or inurnment.

I/we indemnify and hold harmless the funeral home, its owners, employees, and agents from any and all claims or causes of action arising from or related to any aspect of this assumption of the right of disposition and the funeral home's reliance thereon.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

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

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