

IDENTIFICATION OF AUTHORIZING AGENT UNDER INDIANA LAW

Priority among persons having right to serve as authorizing agent

The following persons, in the priority listed, have the right to serve as an authorizing agent:

- (1) A person with authority granted in a Funeral Planning Declaration by the decedent
- (2) A power of attorney or a health care power of attorney executed by the decedent according to IC 30-5-5-16
- (3) Spouse of the decedent at the time of the decedent's death
- (4) Adult child or children over the age of 18 (a majority)
- (5) Parent or Parents
- (6) Siblings (a majority)
- (7) The individual in the next degree of kinship under IC 29-1-2-1 to inherit the estate of the decedent
 - a. Nieces and nephews
 - b. Grandparents
 - c. Aunts and Uncles
 - d. Cousins
- (8) Stepchildren over the age of 18 (a majority) (Since 2016)
- (9) If none of the persons described in subdivisions (1) through (8) are available, any other person willing to act and arrange for the final disposition of the decedent's remains, including a funeral home that: (A) has a valid prepaid funeral plan executed under IC 30-2-13 that makes arrangements for the disposition of the decedent's remains; and (B) attests in writing that a good faith effort has been made to contact any living individuals described in subdivisions (1) through (7).

Deceased _____ **Date of Death** _____

I attest in writing that a good faith effort has been made to contact any living individuals described in subdivisions (1) through (8) or that to the best of my knowledge such individuals do not exist.

Name of Authorizing Agent	Signature	Relationship

CERTIFICATION BY FUNERAL DIRECTOR

I am a funeral director licensed in the State of Indiana and am acting as an agent of the _____ Funeral Home.

I have obtained and witnessed the signature(s) of the Authorizing Agent(s) and have accepted them in good faith. I am not responsible for the representations **made by the Authorizing Agent(s)**.

I certify that the human remains delivered to the crematory are the human remains identified to me as the Decedent by the Authorizing Agent(s).

I have obtained all necessary permits and authorizations for the cremation of the Decedent.

Signature of Funeral Director: _____ **Indiana License Number** _____