Waiver 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 ____________________________ bearing the relationship of ___________________ to the decedent, ____________________________ do hereby warrant and represent to the _____________________________ Funeral Home that I have the authority to arrange for the disposition of the decedent under Indiana law, IC 25-15-9-18, et al, and that no one has an equal or superior right of disposition.

I hereby waive, relinquish, and give up my right to designate the manner, type, and selection of the final disposition of the decedent as well as the right to make arrangements for funeral services and/or other ceremonial arrangements for the decedent.

This waiver includes the waiver and relinquishment of any right to seek the recovery, possession, relocation, or disinterment of the decedent’s remains or cremated remains.

I hereby acknowledge that by signing this waiver, the right of disposition of the decedent will transfer to ____________________________ bearing the relationship of ___________________ to the decedent.

I hereby warrant and represent the truthfulness of these statements and that the funeral home may rely upon the statements made herein in good faith.

I agree to 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 in any aspect to this waiver and the funeral home’s reliance thereon.

_______________________________  __________________________
Signature                        Date