

ILLINOIS CREMATION DIRECT, INC. DBA  
**ILLINOIS CREMATION CENTERS**

1000 Rohlwing Rd., Suite 4  
Lombard, IL 60148  
877-368-7005

**AUTHORIZATION FOR  
REMOVAL & DONATION OF HEART PACEMAKER**

I/We, the undersigned, certify and represent that I/we have full legal right and authority to authorize removal of a heart pacemaker from the remains of

\_\_\_\_\_,  
(Name of Deceased)

and hereby request and authorize \_\_\_\_\_  
(Name of Funeral Home)

to do so. I/We further understand that the removed heart pacemaker will be disposed of as medical waste, as required by law or donated, whichever the family selects.

DISPOSE

DONATE

Signature \_\_\_\_\_

Print Name \_\_\_\_\_  
(Relationship to Deceased)

Address \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_  
(Relationship to Deceased)

Address \_\_\_\_\_

Witness \_\_\_\_\_  
(Signature) (Print Name)