Cappetta's

WEST SUBURBAN

FUNERAL HOME & CREMATION SERVICES

CREMATION AUTHORIZATION

The undersigned authorizing agent(s) hereby attest to the accuracy of the representations contained herein and represent and certify the identity of the remains of the deceased BRUCE BECKER **who passed away at** _____ **on** 2-20-26. **I/We hereby certify that I/we have the legal rights to authorize the cremation, handling, processing, and disposition of the deceased's remains and that I/we are not aware of any living person who has superior right to serve as an authorizing agent. If there is another person who has superior right, all reasonable efforts have been made without success to locate them and that the undersigned has no reason to believe such a person would object to cremation. The undersigned authorizes Cappetta's West Suburban Funeral Home to assume possession of the remains of deceased and further authorizes said Funeral Home to handle, possess, and arrange for cremation at Morgan Cremation Services and disposition of such remains. Authorization is further given to the above crematory to cremate said remains. The undersigned have/have not made arrangements for viewing or service to be conducted prior to the cremation and if so, such date of viewing or service is on** None **to be followed by cremation. In the case of no viewing or service, cremation shall take place upon receipt of the remains by the crematory. The following items of value, if any, shall be placed with the deceased's remains and shall be disposed of as follows:** None. **The final disposition of the cremated remains shall be: ( )Release To ( )Ship To ( )Other** RETURN TO FH. **It is understood that unless arrangements have been made for the final disposition of the cremated remains, the Crematory may after 30 days, return the cremated remains to the authorizing agent, if not possible, may after 60 days, at the expense of the authorizing agent, dispose of the cremated remains in a manner permitted by law. The undersigned represents that the death of the decedent did or did not occur as a result of disease declared by the Illinois Department of Public Health to be infectious, contagious, communicable, or dangerous to public health. Type of disease if any:** None. **It is understood that the cremation can not take place if a pacemaker or other material or implant is present in the deceased and it is hereby represented that if such device or material exists it is described as follows** None **and that the Funeral Home is hereby authorized to remove and dispose of such devices or materials prior to cremation.**_____**(Initial). Because of the possibility of damage to the retort, the Crematory reserves the right to remove and destroy handles, gloss furnishings, casket lids, or any other items on the outside of caskets used for cremation. The undersigned hereby indemnify and release the Crematory, Funeral Home, and their employees and agents from any and all mis-identity of the deceased and the presence of pacemakers or other materials or implants.**

The Funeral Home warrants that the human remains released to the Crematory are the same as those identified herein.

X_____

Signature of the Authorizing Agent | Print Name | Relationship | Date

_____

Address | Phone Number

X_____

Signature of the Authorizing Agent | Print Name | Relationship | Date

_____

Address | Phone Number

_____ Anthony Cappetta 03401112

Signature of Funeral Home Representative | Print Name | License Number

Cappetta's West Suburban Funeral Home 39 N Cass Avenue Westmont, IL 60559 (630)-852-8000

NOTARY:
Subscribed and sworn before me this 20 **day of** Feb, **20**26.

_____ **My Commission Expires** _____

OFFICIAL SEAL
ANTHONY PETER CAPPETTA
Notary Public, State of Illinois
Commission No 1020495
My Commission Expires November 5, 2029