

Ohio At-Need Written Statement of Person(s) Having the Right to Order Disposition

PARTIES:

"FUNERAL HOME": _____
(Name of Funeral Home) (Address, City, State, Zip) (Phone)

"REPRESENTATIVE(S)": _____

(Name(s) of Representative with Right to Order Disposition)

"DECEDENT": _____

The REPRESENTATIVE(S) hereby represents and asserts to the FUNERAL HOME that he/she is entitled to control the disposition of the remains of DECEDENT. REPRESENTATIVE(S) further represents that he/she is the person having priority to control the disposition in accordance with ORC 2108. The right of disposition is assigned to the following persons, if mentally competent adults who can be located with reasonable effort, in the order of priority stated:

- Designated representative identified in written declaration, including completion of a federal Record of Emergency Data form, DD Form 93, or its successor form, by a member of the military, is sufficient to constitute a written declaration under section 2108.70 of the Revised Code if section 13a of DD Form 93, entitled "Person Authorized to Direct Disposition," has been properly completed by the member of the military who has subsequently died while under active duty orders as described in 10 U.S.C. 1481.
- The deceased person's surviving spouse;
- The sole surviving child of the deceased person or, if there is more than one surviving child, all of the surviving children, collectively;
- The deceased person's surviving parent or parents;
- The deceased person's surviving sibling, whether of the whole or of the half blood or, if there is more than one sibling of the whole or of the half blood, all of the surviving siblings, collectively;
- The deceased person's surviving grandparent or grandparents;
- The deceased person's surviving grandchild, or if there is more than one surviving grandchild, all of the surviving grandchildren collectively;
- The lineal descendants of the deceased person's grandparents, as described in division (I) of section 2105.06 of the Revised Code;
- The person who was the deceased person's guardian at the time of the deceased person's death, if a guardian had been appointed;
- Any other person willing to assume the right of disposition, including the personal representative of the deceased person's estate or the licensed funeral director with custody of the deceased person's body, after attesting in writing that a good faith effort has been made to locate the persons in divisions (B)(1) to (8) of this section.
- If the deceased person was an indigent person or other person the final disposition of whose body is the financial and statutory responsibility of the state or a political subdivision of this state, the public officer or employee responsible for arranging the final disposition of the remains of the deceased person.

REPRESENTATIVE(S) has no knowledge that the decedent executed a document containing directions for the disposition of his/her remains, or designated an agent by executing a written declaration pursuant to ORC 2108.70. REPRESENTATIVE(S) acknowledges that no funeral home, funeral director, crematory operator, cemetery operator, cemetery organization, or other person asked to assist with a deceased person's funeral, burial, cremation, or other manner of final disposition, who relies, pursuant to divisions (A) and (B) of ORC 2108.86, in good faith on the contents of a written declaration or the instructions of the person or group of persons the funeral home, funeral director, crematory operator, cemetery operator, cemetery organization, or other person reasonably believes has the right of disposition, shall be subject to criminal or civil liability or subject to disciplinary action for taking an action or not taking an action in reliance on such contents or instructions and for otherwise complying with sections 2108.70 to 2108.90 of the Revised Code.

SIGNATURE(S) of REPRESENTATIVE(S):

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____