

CREMATION AUTHORIZATION

**Garrison City Crematory
Dover, NH**

Funeral Home _____

Funeral Home City & State _____

I (We) the undersigned (the Authorizing Agent(s)), hereby authorize and request the above named funeral home and **Garrison City Crematory, Dover, NH** in accordance with and subject to its rules and regulations, and all applicable state or local regulations, to cremate the human remains of

_____ ("the decedent"),

who resided at _____

I (We) attest that the human remains that were delivered to the funeral home is the decedent, and have authorized the funeral home to deliver the decedent to the above named Crematory, for cremation.

Place of Death: _____

Date of Death: _____ Time of Death: _____

Decedent's Age: _____ Decedent's Sex: _____

I (We) authorize the above named Crematory to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedules and state laws, as work permits, without obtaining any further authorization or instructions.

I (We) state that the decedent does not have a heart pacemaker, radiation producing implant device or any other life sustaining device that could be explosive. If such a device exists, I (We) will instruct the funeral director or others to remove such object prior to cremation. I (We) also agree that in the event of my (our) failure to notify the funeral director or others responsible for removal of such a device, I (We) shall be liable, for any damages to the crematory or injury to crematory personnel.

I (We) request that the following disposition be made of the cremated remains:

Packaging:

- Urn _____
- Temporary Container _____
- Other _____

Delivery:

- Funeral Home _____
- Other _____

Return By: _____

If the undersigned authorizes the above named funeral home and the above named Crematory to deliver the cremated remains via any postage or freight service carrier, they agree to have assumed all

FOR OFFICE USE ONLY

Cremation Number _____

Date of Cremation _____

liability for any damages that may arise from any cause growing out of said delivery and will indemnify and hold harmless the Crematory and Funeral Home from any and all claims related to such delivery.

I (We) certify that I (We) are related to the decedent as

_____ or that I (We) otherwise serve in the capacity of

_____ to the decedent. I (We) have the right to authorize this cremation and disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material or objects, including jewelry and dental gold, will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or left with the intention of them being destroyed.

I (We) have read the opposite side of this document entitled "Policies, Procedures and Requirements, Of The Crematory" and hereby authorize the above named Crematory to perform the cremation of the decedent listed in accordance with this document.

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless the above named funeral home and the above named Crematory, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of any kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transported to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the above named funeral home and the above named Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce the above named funeral home and the above named Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Executed at _____, this _____ day of _____

Signature _____

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Name _____

Address _____

City _____

State _____ Zip _____

Signature of Funeral Director as Witness for Authorizing Agent(s)

This authorization, duly signed and completely filled in, must accompany decedent to Crematory, together with burial transit permit. A copy of the death certificate is required if a medical examiner form is not supplied. The decedent or remains will not be accepted for cremation unless encased in a casket or other solid container.

(SEE POLICIES, PROCEDURES AND REQUIREMENTS ON BACK SIDE)

White ~ Crematory

Yellow ~ Funeral Home

Pink ~ Family