

AUTHORIZATION FOR CREMATION

NO. _____
DATE _____

I(we), the undersigned (the Authorizing Agent), hereby authorize and request MERRIMACK CREMATION SERVICE in accordance with and subject to its rules and regulations, and any applicable state or local laws to cremate the remains of _____ the (decedent) and to arrange for the final disposition of the cremated remains as set forth in this document. I (we) have identified the human remains that were delivered to the funeral home as the above named decedent, and have authorized the funeral home to deliver the remains to the crematory, for cremation. I (we) have read this form and hereby authorize the crematorium to perform the cremation of the decedent in accordance with its provisions. (See reverse side of this document).

Date of death _____ Time of death _____ AM / PM Place of death _____

Date of birth _____ Age _____ Sex _____ Residence _____ City/Town _____ State _____

Did decedent have or is suspected to have an infectious or contagious disease? Yes / No If yes, explain _____

Pacemakers, Prosthesis, Silicon, and Radioactive implants
initial one of the next two statements

I understand that pacemakers, prosthesis, mechanical and radioactive implants can be harmful to the crematory and must be removed prior to cremation. The decedent did not have any such device or implant an the remains are safe to cremate. Initial _____

The following list contains all existing devices which are implanted in or attached to the decedent, that should be removed prior to cremation _____ I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them, which includes recycling, prior to transporting the decedent to the crematory. Initial _____

FINAL DISPOSITION

The crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated urn or receptacle, the crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize the crematory to deliver,transport, or ship the cremated remains as specified. (Please specify)

Deliver to: _____ By (Date/Time) _____

Ship to (via US Postal Service certified, return receipt mail) _____

Merrimack Cremation Service is not responsible for any transportation of remains by other than crematory personnel

Other: _____

LIMITATION OF LIABILITY

As the authorizing agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Crematory, and funeral home and its officers,agents and employees, of and from any and all claims, demands, causes or causes of actions, and suits of every 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 and any subsequent acts and or services provided by the crematory and funeral home its officers,agents, or employees excepting only willful negligence.

AUTHORITY OF AUTHORIZING AGENT

I(we) the undersigned do hereby certify that I have charge of the remains of the decedent and as such posses full legal authority and power, under the laws of the state of _____, to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. By executing this cremation authorization, as authorizing agent(s), the undersigned warrant that all representations and statements contained herein are true and correct, that these statements were not made to induce the crematory to cremate the human remains of the decedent. and the undersigned have read and understood all of the provisions,policies and procedures contained on the front and back of this form. Initial _____

SIGNATURE(S)
AND RELATIONS _____

Name and
Address of
informant
city/state _____

Signature of Funeral Director as witness to signature of authorizing agent _____

Name & Address of Funeral Home _____