

Arlington Crematory, Inc.

2313 51st place
Hyattsville, Maryland 20781
(301)-772-6620

CREMATION AUTHORIZATION

The undersigned hereby requests and authorizes the Arlington Crematory, Inc., in accordance with and subject to its rules and regulations, to cremate the remains of _____ who died at _____ on the ____ day of _____, 20__ at ____ a.m./p.m., and certifies and represents that he or she has the right to make such authorization, and agrees to hold the Arlington Crematory, Inc. harmless from any liability on account of said authorization and cremation.

Witnessed by

Dated

Signature Name of Relative or Legal Representative

Print Name of Relative or Legal Representative

Address

Relationship or Authority to sign

Signature Name of Relative or Legal Representative

Print Name of Relative or Legal Representative

Address

Relationship or Authority to sign

Signature Name of Relative or Legal Representative

Print Name of Relative or Legal Representative

Address

Relationship or Authority to sign

IMPORTANT: Maryland Law (Chapter 54, Acts of 1976; Maryland Code, Article 43, Section 367A) states that a deceased human body may not be cremated until 12 hours after death.

I/we verify the Funeral Home and Morticians of the existence of, and require them to remove, any pacemakers and radioactive implants, prior to delivering the above named decedent to Arlington Crematory, Inc. My initials below indicate the circumstances regarding this matter.

____ I/we affirm there are no pacemakers or radioactive implants in the body of the above named decedent. In accordance to the aforementioned I assume all responsibility for damage to Arlington Crematory, Inc. personnel and equipment for pacemakers or radioactive implants not removed.

Signed by

For crematory use only

Date of Cremation: _____

Time of Cremation: _____

Cremation Number: _____

Signature of Crematory Operator: _____

Arlington Crematory, Inc.

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301 772 6620

Identification of Body to Be Cremated

The undersigned certified that remains of _____
Who died on the _____ day of _____, 20____ at _____ a.m./p.m.
has been identified and agrees to hold the funeral director and the crematory harmless from any
liability from said identification and subsequent cremation.
Approximate weight of remains is _____ lbs.
(This does not require remains to be weighed on a scale.)

Signature of Person Making Identification

Print Name of Person Making Identification

Witnessed by:

Street Address

City State Zip

Dated: _____

Relationship to Deceased of Person Making
Identification

IMPORTANT:

Maryland Law (Chapter 54, Act of 1976; Maryland Code, Article 43, Section 367A) states that a deceased human body may not be cremated until it has been identified by either the next of kin, the person authorized to make the arrangements for the cremation or the medical examiner. This does not apply to the disposition of bodies by any school of anatomy, medicine or dentistry.

9/08/2021

Arlington Crematory, Inc. Receipt of Human Remains

Please review and provide the required information below: (Please Print Legibly)

Decedent Information	Full Name (Last, First, Middle Name)			
	DOB:	DOD:	Time of Death	Gender (M/F)
Receipt of Human Remains (Provide Requested Information)	Date and Time of Receipt of Human Remains:			
	(Circle One) From: Funeral Establishment / Person with right to Final Disposition /Other			
	Provide information that applies to circled item above:			
	Name of Establishment/ Individual or Persons:			
	Street Address:			
	City:	State:	County:	Zip:
	Phone Number(s):			
Verifications	(Circle One) Jewelry removed: YES / NO If YES: Attach Authorization If NO, authorization is required to cremate all remaining jewelry			
	(Circle One) Wanding Performed: YES / No Foreign Objects in body: Do not Accept Remains			
	(Circle One) Radiological Implants: YES / NO If YES, (at least 6 days from implant placement or 5 days from receipt of human remains Date Allowed to Cremate:			
	(Circle One) Foreign Objects with body not safe to be cremated: YES / NO If YES, return to person delivering Human Remains: List Items not safe for Cremation:			
	Date and Time Refrigerated			

Name of Delivery Person and License #/Registration # (Print Full Name – Last, First, MI):

Signature: _____ Date: _____ Permit/License #: _____

Name of Crematory Operator and License #/ Registration # (Print Full Name- Last, First, MI):

Signature: _____ Date: _____ Permit #: 24-033-2806

Arlington Crematory, Inc. Release of Cremated Human Remains

Please review and provide the required information below: (Please Print Legibly)

Cremation Date:	Cremation Disc #	Cremated By:		
Release of Cremated Human Remains	Release Date and Time of Cremated Remains			
	Date(month/day/year):		Time(XX:XX AM/PM):	
	Person Accepting Cremated Human Remains: Print Full Name (Last, First, MI)			
	(Circle One) From: Funeral Establishment / Transporter / Person Acting as Funeral Director			
	Name of Funeral Establishment / Person			
	Street Address:			
City:	State:	County:	Zip:	

Name of Certified Crematory Operator Releasing Cremated Human Remains:

Signature: _____ Date: _____ Permit # 24-033-2806

Name of the Person Accepting the Cremated Human Remains:

Signature: _____ Date: _____ License/ Permit # _____

