



Cremation Certificate No \_\_\_\_\_

Stone Family Cremation Services, Inc.  
125 Bullet Hill North, Southbury, Connecticut 06488  
203-263-2146

## Cremation and Disposition Authorization

I, the undersigned Authorizing Agent, authorize Stone Family Cremation Services, Inc., to cremate, process and disburse/release the remains as instructed in this document of:

Name of Deceased \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ AM / PM

Address: \_\_\_\_\_ Place of Death: \_\_\_\_\_

### 1. AUTHORIZED AGENT:

I hereby certify that I am the next-of-kin, that I have custody and control of the remains of the Deceased and as such possess the full legal authority and power granted to me by the laws and regulations of the State of Connecticut to arrange for the cremation and disposition of the remains of the Deceased. Further, I am aware that cremation is an irreversible and final process and know of no objection to this cremation by any other next-of-kin who may also have the legal authority to control the final disposition of the Deceased.

### 2. THE CREMATION PROCESS

The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. I understand that due to the nature of the cremation process any valuable material or articles, (including dental gold, watches, rings, earrings, glasses, jewelry, etc.) will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or may be destroyed. Following cremation, the crematory will take reasonable efforts to remove all of the remains and other material from the cremation chamber, but some minimal dust and residue will likely be left behind.

### 3. PACEMAKERS AND NUCLEAR MEDICINE RESIDUE:

All pacemakers and radioactive implants must be removed prior to delivering the Deceased for cremation to Stone Family Cremation Services, Inc. I understand that the existence of a heart pacemaker, nuclear producing device, or any other device implanted in the Deceased could be explosive and dangerous when exposed to intense heat.

**Please verify and circle:** The Deceased **has** or **does not have** such an implanted device to be removed. If such a device does exist or if the Deceased made use of a prosthesis, I have instructed the Funeral Director or others to remove it before cremation. These items, if recovered, will be recycled and any proceeds resulting will be donated or disbursed at the discretion of Stone Family Cremation Services, Inc. I also agree that in the event of my failure to notify the Funeral Director or others responsible for the removal of such a device, I will be liable for any damages to the Crematory or injury to the Crematory Personnel, including cost of collection and Attorney fees, incident there to.

### Indemnity

As authorized Agent, I (We) agree to indemnify, defend, and hold harmless Stone Family Cremation Services, Inc., its members, officers, agents and employees, from any and all claims, demands, or causes of action, 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 including: the failure to positively identify the Deceased delivered to Stone Family Cremation Services, Inc., and authorized for this cremation, the processing, delivery, shipping, and final disposition of the Decedent's remains, any damage due to harmful or exploding implants; claims brought by any other person(s) claiming the right to control the cremation or disposition of the Decedent's cremated remains, or any other action performed by the Crematory, its officers, agents, or employees, pursuant to this authorization.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned understands that, in accordance with governing law and policy, the following conditions must be met before a cremation can take place: (1) 48 hours have elapsed since the pronouncement of death, (2) All civil and medical permits have been issued, (3) All cremation permits have been obtained; and, as Authorizing Agent(s), warrant that all representations and statements contained on this form are true, complete and correct, that these statements were made to induce Stone Family Cremation Services, Inc., to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained within this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(next of Kin or Authorized Personnel) (Relationship to Deceased)

Signature of Funeral Director \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_