



CREMATION AUTHORIZATION
Town of Duxbury
DUXBURY CREMATORY

(781) 934-5261

CREMATORY USE ONLY:	
Cremation No.:	_____
Date:	_____
Time:	_____
Unit:	_____
Service Code:	_____

Authority is hereby granted to *DUXBURY CREMATORY* to cremate:

Full Name of Decedent

Date of Death

Hour of Death

DUXBURY CREMATORY is authorized to make the following disposition of cremated remains:

RETURN TO:
FUNERAL DIRECTOR: _____ FAMILY: _____ OTHER: _____
Authorized Recipient and Relationship *Specify*

Urn Information: Cardboard _____ Plastic _____ Urn Provided _____ Type of Urn _____

Normal Service requires 3-4 business days. Duxbury Crematory will make every attempt to fulfill services as requested, but cannot guaranty said services in the event of mechanical failure.

Veteran Status: WAR: _____ PEACETIME: _____ BRANCH: _____

A HEART PACEMAKER CAN BE EXPLOSIVE WHEN SUBJECTED TO THE HIGH TEMPERATURES OF THE CREMATION CHAMBER

IF SUCH A DEVICE EXISTS, I HAVE INSTRUCTED THE FUNERAL DIRECTOR OR OTHERS TO REMOVE IT PRIOR TO THE CREMATION. I ALSO AGREE THAT IN THE EVENT OF MY FAILURE TO NOTIFY THE FUNERAL DIRECTOR OR ANY OTHERS RESPONSIBLE FOR THE REMOVAL OF SUCH A DEVICE, I WILL BE LIABLE FOR ANY DAMAGES TO THE CREMATORIUM OR INJURY TO CREMATORIUM PERSONNEL. PLEASE INITIAL _____

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis) that are left with the decedent and not removed from the casket or cremation container prior to cremation will be destroyed or if not destroyed, will be disposed of by the Duxbury Crematory.

I state that the undersigned is the legal next-of-kin and I have full legal authority to order that this cremation be performed. I agree to hold harmless and indemnify against any loss or or liability including costs, a reasonable attorney's fee and appellate costs therefore incurred by Duxbury Crematory, or any of its agents by reason of this authorization, including the failure to properly identify the decedent and / or the disposition of the cremated remains.

I hereby authorize: _____ to act as my representative and direct them to carry out the foregoing instructions. *Name of Funeral Home*

Signature

Signature

Print Name & Relationship

Print Name & Relationship

Address

Address

City, State & Zip Code

City, State & Zip Code

Witness

Witness

Date _____

Date _____

REPRESENTATIVE ACCEPTANCE: I consent to act as representative for the person(s) whose signature appears above.

Signature of Funeral Director

Street Address

Print Name and License Number

City, State & Zip Code