

RURAL CEMETERY CREMATORY
Proprietors of the Rural Cemetery in Worcester

#

AUTHORITY TO CREMATE
FAX 508-754-0407

Worcester, MA 01605
508-754-1313

The undersigned hereby requests and authorizes the RURAL CEMETERY CREMATORY, in accordance with and subject to its rules and regulations, to cremate the remains of _____

late of _____ who died on _____ at _____ A.M.
CITY OR TOWN DATE

in _____ aged _____ years _____ months _____ days
CITY OR TOWN

and certifies and represents that he or she has the right to make such authorization and agrees to indemnify and hold the Crematory harmless from any liability, cost, expenses or claims resulting from this authorization.

All non-combustible materials delivered with the body will be disposed of at the company's direction.

It is further agreed should arrangements for final disposition of the remains not be given within 30 days from date of cremation a fee of \$5.00 per month storage rental will be made for six months. If at that time no permanent provision has been made the Crematory may dispose of such cremated remains as and when convenient.

Relative or
Legal Representative _____ Dated _____

Address _____ Relation to Deceased _____

Funeral Director and Address _____

(OVER)