

CREMATION AUTHORIZATION

The undersigned requests and authorizes Bradford Crematory, in accordance with and subject to its rules and regulations, to cremate the body of

who died at _____

on _____

and certifies that he or she has the right to make such authorization.

I hereby certify that I am related to the deceased as _____, I have the right to authorize the cremation and the disposition of the cremated remains. I understand that due to the nature of the cremation process, any valuable material, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

I further state that the deceased has not had a heart pacemaker, implanted radiation producing implant device, nor any other life sustaining device that could be explosive. If such device exists, I have instructed the funeral director to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or his/her employees for the removal of such a device, I will be liable for any damages to the crematorium or injury to the crematorium personnel.

(Initial)

Disposition of Cremated Remains

I hereby direct Bradford Crematory to dispose of the remains as follows:
Mail to:

I certify that I have full power to give the above Authority to Cremate and to direct the Disposition of Cremated Remains and agree to protect, defend and save harmless Bradford Crematory and the funeral director from any and all claims and demands for liabilities, losses and/or damages which may be made against them, or either of them, by reason of, or connected with, any such action taken by them under the above Authority to Cremate and/or Disposition of Cremated Remains granted and directed by me, whether such claims or demands are or are not groundless, false or fraudulent.

(Witness)

(Signature of relative or legal representative)

(Funeral Director)

(Relationship to Deceased or Authority to sign)

(Address)

(Address)

Date: _____