

CREMATION AUTHORIZATION

CREMATION SOCIETY OF NEW ENGLAND

273 S. Elm Street | Wallingford, CT 06492

(FOR OFFICE USE ONLY)

Cremation number: _____

Date of Cremation: _____

I (we) the undersigned (the "Authorizing Agent(s)") hereby authorize and request the crematory selected by the Cremation Society of New England (CSNE) (hereafter "crematory"), in accordance with and subject to its rules and regulations, and all applicable state or local regulations, to cremate the **human remains of:** _____ ("the decedent"), who resided at: _____

I (we) have identified the human remains that were delivered to CSNE as the decedent, and have authorized CSNE to deliver the decedent to the crematory for cremation.

Place of Death: _____

Date of Death: _____ Time of Death: _____

Decedent's Age: _____ **Decedent's Sex:** _____

Did decedent have or is suspected to have had a contagious disease?

YES or NO. **If yes, explain:** _____

Has the decedent received treatment with therapeutic radio nuclides?

YES or NO. **If yes, explain:** _____

I (we) authorize the crematory to perform the cremation upon receipt of the human remains, at its discretion, and according to his own time schedules and state laws, as work permits, without obtaining any further authorization or instructions.

I (we) state that the decedent **does** **does not** have a heart pacemaker, radiation producing implant device or other life sustaining device that could be explosive. If such a device exists, I (we) will instruct and authorize the funeral director to remove such objects prior to cremation. I (we) also agree that in the event of my (our) failure to notify the funeral director or others responsible for the removal of such a device, I (we) shall be liable for any damages to the crematory or injury to crematory personnel. I (we) request that the following disposition be made of the cremated remains:

Packaging:

- Urn _____
- Cardboard Box Temp. Cont.

Delivery:

- Hold at Cremation Society
- Other: _____
- Ship Ashes to: _____

If the undersigned authorizes the Crematory to deliver the cremated remains via any postage or courier services, they agree to have assumed all liability for any damages that may arise from any cause growing out of said delivery and will indemnify and hold harmless the Crematory and CSNE from any and all claims related to such delivery.

I (we) certify that I (we) are related to the decedent as/or that I (we) otherwise serve in the capacity of: _____ to the decedent. I (we) are the legal next of kin responsible for making cremation arrangements. I (we) affirm that any and all family members having equal say in the matter authorize cremation are aware of my actions no objection to the cremation. I (we) have the right to authorize this cremation and disposition of the cremated remains, I understand that do to the nature of the cremation process any valuable materials or objects including jewelry and dental metals will be either destroyed or not recoverable. Any personal possessions accordingly have either been removed or left with the intention of them being destroyed.

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless crematory, its officers, agents, and employees, of an from any and all claims, demands, causes or causes of action, and suits of any 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 properly identify the decedent or the human remains transmitted to the crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explosive implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the crematory, its officers, agents, or employees pursuant to this authorization, excepting only acts of willful negligence.

By Executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, and statements contained on this form are true and correct, that these statements were made to induce the crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Executed this day: _____

Signature: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

WITNESS 1:

X _____ (signature)

Name: _____

Address: _____

WITNESS 2:

X _____ (signature)

Name: _____

Address: _____