

# CREMATION AUTHORIZATION

I/WE authorize \_\_\_\_\_ to cremate the remains of \_\_\_\_\_,  
Age \_\_\_\_\_, who died at \_\_\_\_\_ on \_\_\_\_\_ and certify that I/We have the right to  
make such authorization; and agree to indemnify the \_\_\_\_\_ from any and all liability because of said  
authorization and cremation. I/We identify the above named deceased at \_\_\_\_\_  
on \_\_\_\_\_. I/We further authorize you to make the following disposition of the cremains:

\_\_\_\_\_

Urn chosen: \_\_\_\_\_ Keepsake Urn: \_\_\_\_\_

Pendant: \_\_\_\_\_ Art Glass: \_\_\_\_\_

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Funeral Director \_\_\_\_\_ Phone \_\_\_\_\_

Place of Death \_\_\_\_\_  
Township, Borough, or City County State

Cause of Death \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

PACEMAKER OR OTHER MEDICAL DEVICES? NO \_\_\_\_\_ YES \_\_\_\_\_ REMOVED \_\_\_\_\_

ARE REMAINS EMBALMED? NO \_\_\_\_\_ YES \_\_\_\_\_

REMAINS THAT ARE NOT EMBALMED MUST BE IN A POUCH OR CREMATION CONTAINER

Date and Time of arrival to Crematory: \_\_\_\_\_, \_\_\_\_\_ A.M. / P.M. \_\_\_\_\_

Coroner Authorization for Cremation : BY FAX \_\_\_\_\_ BY PHONE \_\_\_\_\_ AUTHORIZED BY \_\_\_\_\_

Date and Time cremains needed: \_\_\_\_\_, \_\_\_\_\_ A.M. / P.M.