

**Two Sided Document**

**See Reverse Side**

Please Deliver Cremation By: (Day & Time) \_\_\_\_\_

CREMATION # \_\_\_\_\_

(Crematory Use Only)

**LINWOOD CEMETERY CORPORATION**

41 John Ward Ave. • Haverhill, Mass. 01830

Tel. (978) 374-4191 Fax (978) 374-4452

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

(Please print or type)

<b>Urn Type please check box</b>	
Urn from Funeral Home	<input type="checkbox"/>
Linwood Cardboard Box	<input type="checkbox"/>
Linwood Plastic Box	<input type="checkbox"/>
Linwood Urn _____	
Other _____	

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize Linwood Cemetery Corporation in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of (the "decedent") \_\_\_\_\_ resident of \_\_\_\_\_ and to arrange the final disposition of the cremated remains, as set forth on this form.

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Linwood Cemetery Corporation for cremation. Otherwise, I (We) have elected to waive the right to identify the human remains at the funeral home.

**IDENTIFICATION**

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ AM/PM

Place of Death, City, Town, Borough, Twp. \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Was death caused by an infectious or contagious disease?  Yes  No

If yes, please explain: \_\_\_\_\_

**PACEMAKERS AND RADIOACTIVE IMPLANTS**

Please initial one of the next two paragraphs

The decedent's remains do not contain pacemaker, radioactive implant or any other electronic device that could be harmful to the crematory. They are safe to cremate. Initials of AA \_\_\_\_\_

The following list contains all existing devices (including all mechanical and radioactive implants) which are implanted in or attached to the decedent, that should be removed prior to cremation. \_\_\_\_\_

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to Linwood Cemetery. Initials of AA \_\_\_\_\_

**ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO LINWOOD CEMETERY**

**TIME OF CREMATION**

Linwood Cemetery is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, without obtaining any further authorization or instructions. The cremated remains to be placed in crematory container (plastic or cardboard) or an urn. The cremated remains shall be released to the funeral director unless otherwise directed, in writing.

**AUTHORITY OF AUTHORIZING AGENT**

I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her \_\_\_\_\_ or that I otherwise serve (served) in the capacity of \_\_\_\_\_ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of Massachusetts, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Linwood Cemetery Corporation, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every 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 Linwood Cemetery, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Linwood Cemetery, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. Initials of AA \_\_\_\_\_

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements are made to induce Linwood Cemetery to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained in this form.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Address \_\_\_\_\_

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s) \_\_\_\_\_

Name and Address of Funeral Home \_\_\_\_\_

# IMPLANT / PROSTHETIC RECOVERY REQUEST

This form must be completed by the cremation Authorizer / Next of kin and be presented to  
Linwood Cemetery – Crematory prior to the cremation of the deceased.

I \_\_\_\_\_, wish to have Linwood Cemetery – Crematory retrieve the following implants, prosthetics and any other non combustible materials described below and return them with the cremated remains. Please describe in as much detail as possible the location(s) and descriptions of all items requested.

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\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

## Otherwise, and if this form is left incomplete:

Linwood Cemetery – Crematory reserves the right to dispose of any and all implants, prosthetics and any other non combustible materials generated as a by – product of the cremation process as we see fit. All by – products of the cremation process are recycled through companies that are specialized in this field and follow the guidelines set forth by CANA (Cremation Association of North America) and the EPA (Environmental Protection Agency).

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## LINWOOD CEMETERY INDEMNIFICATION AGREEMENT

This is an Agreement between LINWOOD CEMETERY, 41 John Ward Ave., Haverhill, MA 01830 (the “Cemetery”) and the UNDERSIGNED (the “Undersigned”).

WHEREAS, LINWOOD CEMETERY owns and operates a crematory at 41 John Ward Ave., Haverhill, MA; and

WHEREAS, the Undersigned has requested that the dead body of

\_\_\_\_\_  
(Name of Decedent)

be cremated; and

WHEREAS, the Undersigned is not the “next of kin”;

Linwood Cemetery and the Undersigned agree that Linwood Cemetery will cremate the above deceased person for consideration of the usual monetary payment and the further consideration of the following:

1. The Undersigned agrees to indemnify and hold the Cemetery harmless from and against (a) any claims successfully asserted against the Cemetery arising out of the Cemetery’s cremation of the above dead body, and (b) any claim made by the next of kin, heirs, relatives of the said deceased person asserted against the Cemetery that the Cemetery did not have legal authority to cremate the said deceased person.

2. The Undersigned agrees to indemnify and hold the Cemetery harmless from and against any claims validly asserted against the Cemetery arising out of the Cemetery’s cremation of the said deceased person. The Undersigned is requesting that the Cemetery cremate the above deceased person. The indemnification by the Undersigned pursuant to the within Indemnification Agreement shall include reasonable expenses and legal fees incurred by Linwood Cemetery.

\_\_\_\_\_  
The “Undersigned”

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Witness (Funeral Director / Other

\_\_\_\_\_  
Date