

CREMATION #

# RIVER-SIDE CEMETERY, INC.

274 Main Street, Fairhaven, Massachusetts 02719

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(Crematory Use Only)

RIVER-SIDE CEMETERY

NASKATUCKET CEMETERY

RIVER-SIDE CREMATORY

## Authorization for Cremation and Disposition

(Please print or type)

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize River-Side Cemetery, Inc. operating in accordance with CANA regulations 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 River-Side Cemetery, Inc. 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 \_\_\_\_\_

The Crematory takes no responsibility for storage of cremated remains for which no permanent disposition is given within two weeks after cremation.

The Crematory requires that all artificial limbs or any foreign matter such as plastics, fiberglass, etc. be removed prior to delivery to the Crematory.

River-Side Crematory will not accept metal or fiberglass caskets! **All wooden caskets and alternative containers must conform to CANA standards, meaning they be composed of rigid materials suitable for efficient handling prior to cremation. Complete covering of human remains is mandatory. Unembalmed remains must be pouched or wrapped.**

**No unit found to be leaking will be accepted by River-Side Crematory. Should leakage occur prior to cremation, River-Side reserves the right to demand that the funeral director remove such containers with remains from the crematory for their immediate attention. This is a health concern.**

### 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.

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 River-Side Crematory.

**ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO RIVER-SIDE CREMATORY.**

### TIME OF CREMATION

River-Side Crematory 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 are to be placed in a crematory container (plastic or cardboard) or an urn. The cremated remains shall be released to the funeral director unless otherwise directed in writing. The undersigned instructs the Crematory to make the following disposition of cremated remains:- \_\_\_\_\_

### 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 Commonwealth 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 River-Side Cemetery, Inc., 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 or 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 River-Side Crematory, 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 River-Side Crematory, 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), we the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements are made to instruct River-Side Crematory 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 and License Number of Funeral Director as Witness for Signature(s) of Authorizing Agent(s) \_\_\_\_\_

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