

**HARMONY GROVE**  
**CEMETERY AND CREMATORY**  
30 GROVE STREET, SALEM, MA 01970  
TELEPHONE 1-978-744-0554

NO CREMATION SHALL TAKE PLACE UNTIL THE EXPIRATION OF FORTY EIGHT HOURS\*  
FROM THE TIME OF DEATH AND ALL FEES HAVE BEEN PAID

\*UNLESS 48-HOUR RULE HAS BEEN WAIVED BY A QUALIFIED MEDICAL EXAMINER

The undersigned requests the Proprietors of Harmony Grove Cemetery and Crematory  
cremate on \_\_\_\_\_  
the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
the remains of \_\_\_\_\_  
late of \_\_\_\_\_  
who died at \_\_\_\_\_  
at \_\_\_\_\_ AM/PM on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Cause of death \_\_\_\_\_

\_\_\_\_\_

Cremains to be delivered to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*\* Signature of Relative  
Or Legal Representative \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to deceased or Authority to sign \_\_\_\_\_  
Dated at \_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\*\* If the body to be cremated is that of a married person, this signature must be of the  
surviving husband or wife.

Does Deceased have heart pacemaker?    Yes    No

If yes, has Pacemaker been removed?    Yes    No

If pacemaker has not been removed the family shall be responsible for any and all  
damages resulting to the Cremation Chamber or Crematory Personnel.

Signature of Funeral Director \_\_\_\_\_