

CREMATION AUTHORIZATION & RECEIPT
The Crematory at Brooklawn Memorial Park

Name of Deceased

Cremation Date

Disk #

Cremation Container: Cardboard Wood Stratus Other _____

The undersigned hereby authorizes the Crematory to mail the cremated remains (if mailed) via Express Delivery from the US Postal Service and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the Crematory and the Funeral Director or other authorized person from any and all claims related to said shipment.

The undersigned, hereby requests and authorizes the Crematory, in accordance with and subject to its rules and regulations, to cremate the remains

of _____, late of _____ who died in _____
at _____ o'clock AM PM on _____ Date of Birth _____

I hereby certify that I am the (relationship) _____ of the deceased, that I have the right to authorize this cremation and the disposition of the cremated remains, that any personal possessions have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory, Funeral Director, or other authorized person from any claims to the contrary.

Person Authorizing Cremation

Signature

Printed Name

Date

Date _____ State of _____, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

Signature of Notary Public _____ Printed Name _____

Notary Public, State of _____ My Commission expires _____

PACEMAKER PRESENT Y N RADIOACTIVE IMPLANTS PRESENT Y N

INFECTIOUS/CONTAGIOUS DISEASE Y N Comments: _____

DISPOSITION

Return To Pick Up By

Mail to:

URN

Temp FD Urn Other Description _____

Small Temp 1/8 1/4 1/2 3/4 Full

Notes: _____

IMPLANTS and METALS

Recycle Return Description: _____ Placement: Urn Other _____

Funeral Director Signature _____

MUST BE SIGNED

The undersigned hereby acknowledge the delivery/receipt of the above-named deceased to be cremated in accordance with the instructions on this authorization. It is expressly understood that the human remains delivered are the human remains as so stated on this form, the permit for disposition, medical examiner release form, the death certificate and said Funeral Director or Authorized Person, hereby indemnifies and holds the undersigned harmless from any and all claims that may now exist or occur hereafter as the result of the delivery, cremation and subsequent return of the cremated remains.

Brooklawn Memorial Park

Date

Time AM PM

Funeral Director or Authorized Agent