

Arborside Crematory
38 Range Rd, Windham, NH 03087
603-898-9552

CREMATION AUTHORIZATION

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 8 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or the other information in this Form.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

(Print all information except signatures.)

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ Date of Death: _____ Time: _____

Place of Death: _____ Sex: M ☐ F ☐ Age: _____ DOB: _____ S.S.: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

(Initials) The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.
OR

(Initials) The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: _____ Address: _____ &

Crematory: ARBORSIDE CREMATORY Address: 38 RANGE RD, WINDHAM, NEW HAMPSHIRE 03087

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____ Address: _____

Telephone No.: _____ Relationship: _____

4. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

(Initials) I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.
OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent.
OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.

Name(s) of Other Persons: _____

5. PACEMAKERS, IMPLANTS, AND PROSTHESES (SEE #5 ON LAST PAGE)

Description of Devices: _____

Please initial one of the following statements:

(Initials) The remains of the Decedent do not contain any of the Devices described in #5 on the reverse side.
OR

(Initials) As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices.

The Devices listed are to be removed and returned to the Authorizing Agent: _____

6. CASKET OR ALTERNATIVE CONTAINER (SEE #6 ON LAST PAGE.)

Casket or Alternative Container Selected: _____

7. WITNESSES (SEE #7 ON REVERSE SIDE.)

No witnesses.

(Initials)

OR

(Initials)

(List of Witnesses)

8. THE CREMATION PROCESS (SEE #8 ON LAST PAGE)

9. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

(Initials)

As Authorizing Agent, I have read and understand the description of the cremation process contained in # 8 on the reverse side and authorize the cremation, processing and pulverization of the remains of the Decedent. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

10. FINAL DISPOSITION (PLEASE INITIAL THIS OPTION SELECTED)

(Initials)

The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home.

11. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to Authorizing Agent: _____

12. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Executed at _____, this _____ day of _____.

Signature of Authorizing Agent: _____

Relationship: _____

Funeral Home Witness: _____