CREMATION AUTHORIZATION

Town of Duxbury
DUXBURY CREMATORY

(781) 934-5261

CREMATORY USE ONLY:

Cremation No.: _____

Date: _____

Time: _____

Unit: _____

Service Code: _____

Authority is hereby granted to *DUXBURY CREMATORY* to cremate:

_____
Full Name of Decedent

_____
Date of Death *Hour of Death*

DUXBURY CREMATORY is authorized to make the following disposition of cremated remains:

RETURN TO:

FUNERAL DIRECTOR: _____ FAMILY: _____ OTHER: _____
Authorized Recipient and Relationship ***Specify***

MAIL TO: _____

_____

_____

DUXBURY CREMATORY assumes no responsibility after delivery to post office.

Urn Information: Cardboard _____ Plastic _____ Hardened Urn _____ Type of Urn _____

Requested Service: Normal _____ 24 Hour _____ 48 Hour _____ Urn Brought to Crematory Y _____ N _____

Normal Service requires 3 to 4 business days. Provided all paperwork is accounted for 24 and 48 Hour Service is calculated from time of arrival, notice is requested to facilitate scheduling. *Duxbury Crematory* will make every attempt to fulfill all services as requested, but cannot guaranty said services in the event of mechanical failure, an "Act of God" or human error.

Veteran Status: WAR: _____ PEACETIME: _____ BRANCH: _____

A HEART PACEMAKER CAN BE EXPLOSIVE WHEN SUBJECTED TO THE HIGH TEMPERATURES OF THE CREMATION CHAMBER
IF SUCH A DEVICE EXISTS, I HAVE INSTRUCTED THE FUNERAL DIRECTOR OR OTHERS TO REMOVE IT PRIOR TO THE CREMATION. I ALSO AGREE THAT IN THE EVENT OF MY FAILURE TO NOTIFY THE FUNERAL DIRECTOR OR ANY OTHERS RESPONSIBLE FOR THE REMOVAL OF SUCH A DEVICE, I WILL BE LIABLE FOR ANY DAMAGES TO THE CREMATORIUM OR INJURY TO CREMATORIUM PERSONNEL.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis) that are left with the decedent and not removed from the casket or cremation container prior to cremation will be destroyed or if not destroyed, will be disposed of by the Duxbury Crematory.

I state that the undersigned is the legal next-of-kin and I have full legal authority to order that this cremation be performed. I agree to hold harmless and indemnify against any loss or liability including costs, a reasonable attorney's fee and appellate costs therefore incurred by *Duxbury Crematory* , or any of its agents by reason of this authorization, including the failure to properly identify the decedent and/or the disposition of the cremated remains.

I hereby authorize: _____ to act as my representative and direct them to carry out the foregoing instructions.
Name of Funeral Home

_____ _____
Signature *Signature*

_____ _____
Print Name & Relationship *Print Name & Relationship*

_____ _____
Address *Address*

_____ _____
City, State & Zip Code *City, State & Zip Code*

_____ _____
Witness *Witness*

Date _____ *Date* _____

REPRESENTATIVE ACCEPTANCE: I consent to act as representative for the person(s) whose signature appears above.

_____ _____
Signature of Funeral Director *Street Address*

_____ _____
Print Name and License Number *City, State & Zip Code*