

CREMATION AUTHORIZATION

PHOENIX CREMATORY
HAMPTON, NH 03842

(FOR OFFICE USE ONLY)

Cremation Number _____

Date of Cremation _____

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request the Phoenix Crematory, in accordance with and subject to its rules and regulations, and all applicable state or local regulations, to cremate the human remains of

_____ (the "decedent"), who resided at _____

_____. I (We) attest that the human remains that were delivered to the funeral home is the decedent, and have authorized the funeral home to deliver the decedent to the Phoenix Crematory, for cremation. That I (We) have positively identified said remains in person or by photo .

Place of Death: _____

Date of Death: _____ Time of Death: _____

Decedent's Age: _____ Decedent's Sex _____

I (We) authorize the Phoenix Crematory to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedules and state laws, as work permits, without obtaining any further authorization or instructions.

I (We) state that the decedent does not have a heart pacemaker, radiation producing implant or other life-sustaining device that could be explosive. If such a device exists, I (We) will instruct the funeral director or others to remove such object prior to cremation. I (We) also agree that in the event of my (our) failure to notify the funeral director or others responsible for removal of such a device, I (We) shall be liable, for any damages to the crematory or injury to crematory personnel.

I (We) request that the following disposition be made of the cremated remains:

- | | |
|-------------------------|------------------|
| Packaging: | Delivery: |
| () Urn _____ | () Funeral Home |
| () Temporary Container | () Other _____ |
| () Other _____ | _____ |

Return By: _____

If the undersigned authorizes the Crematory to deliver the cremated remains via any postage or freight service carrier, they agree to have assumed all liability for damages that may arise from any cause growing out of said delivery and will indemnify and hold harmless the Crematory and Funeral Home from any and all claims related to such delivery.

I (We) certify that I (We) am/are related to the deceased as _____ or
That I (We) otherwise serve in the capacity of _____

_____ to the decedent. I (We) have the right to authorize this cremation and disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material or objects, including jewelry and dental gold, will be either destroyed or not recoverable. Any personal possessions accordingly have either been removed or left with the intention of them being destroyed.

I (We) have read the opposite side of this document entitled "Phoenix Crematory Policies, Procedures, and Requirements," and hereby authorize Phoenix Crematory to perform the cremation of the decedent listed in accordance with this document.

As the Authorizing Agent(s), I hereby agree to indemnify, defend, and hold harmless the Phoenix Crematory, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, suits of any kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result or, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transported to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements are made to induce Phoenix Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Executed at _____, this _____ day of _____

Signature _____

Signature _____

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Signature of Funeral Director as Witness for Authorizing Agent(s)

Funeral Home Name and Address