

CREMATION AUTHORIZATION

WALNUT GROVE CREMATORY
817 OLD COLONY ROAD, MERIDEN CT 06451

I (we) the undersigned (the "Authorizing Agent(s)") hereby authorize and request Walnut Grove 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) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Walnut Grove Crematory, for cremation.

Place of Death: _____

Date of Death: _____ Time of Death: _____

Decedent's Age: _____ Decedent's Sex: _____

Did decedent have or is suspected to have a contagious disease?

Yes or No If yes, please explain: _____

Has the decedent received treatment with therapeutic radionuclides? Yes or No If yes, date of treatment: _____

I (We) authorize Walnut Grove 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 device or any 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 objects 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 _____	_____

Executed at _____, this _____ day of _____, 20 _____

Signature _____

Name _____

Address _____

City _____

State _____ Zip _____

(FOR OFFICE USE ONLY)	
Cremation Number _____	_____
Date of Cremation _____	_____

If the undersigned authorizes the Crematory to deliver the cremated remains via any postage or freight services carrier, they agree to have assumed all liability for any 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) are related to the decedent 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 (we) understand that due to the nature of the cremation process any valuable materials or objects including jewelry and dental gold, will either be 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 "Walnut Grove Crematory Policies, Procedures and Requirements" and hereby authorize Walnut Grove Crematory to perform the cremation of the decedent listed in accordance with this document.

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend and hold harmless Walnut Grove Crematory, its officers, agents, and employees, of and from any and all claims, demands, or causes of action, and suits of any kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted 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 actions 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 in this form are true and correct, that these statements were made to induce Walnut Grove Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Signature _____

Name _____

Address _____

City _____

State _____ Zip _____

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

Funeral Home Name and Address

This authorization, duly signed completely filled in, must accompany decedent to the Crematory, together with the burial transit permit and the cremation permit. (SEE POLICIES, PROCEDURES AND REQUIREMENTS ON BACK SIDE)