

**EVERGREEN CEMETERY ASSOCIATION OF NEW HAVEN AND CREMATORY  
CREMATION ORDER**

The undersigned hereby requests and authorizes Evergreen Cemetery Association of New Haven in accordance with and subject to its rules and regulations, **to cremate the remains of the following person:**

Sex \_\_\_\_\_

late of \_\_\_\_\_ who died at \_\_\_\_\_  
at \_\_\_\_\_ o'clock <sup>am</sup>/<sub>pm</sub> on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ Aged: years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_  
Date and Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

(circle one) **Single Married Widowed** and certifies and represents that they have the right to make such authorization, and agrees to hold the Association harmless from any liability on account of said authorization and cremation, and directs that the cremated remains are to be disposed of in accordance with instructions on the back of this form.

**Did the deceased have a pacemaker?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, pacemaker must be removed before cremation. (See other side.)

**Signature of Next of Kin:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**Relationship to Deceased: (or Authority to Sign)** \_\_\_\_\_

<b><u>For Office Use Only</u></b> Date of Arrival: Time of Arrival: Date of Cremation: Time of Cremation:
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**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Receptacle:** \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_

No cremation shall take place until all fees have been paid.