

# Cremation Authorization



**BEECHER & BENNETT**  
**FUNERAL SERVICE**  
*Serving South Central Connecticut Since 1894*

DECEASED NAME \_\_\_\_\_

Date and Time of Death. \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex. \_\_\_\_\_ Age \_\_\_\_\_

I hereby request and authorize Beecher & Bennett \_\_\_\_\_ to take possession of and make arrangements for the cremation of the Deceased's remains at \_\_\_\_\_ ("Crematory"). I, the undersigned, hereby certify, warrant, represent and acknowledge (by initialing items 1-6 below) that:

1. \_\_\_\_\_ I have the full legal and authority to authorize the cremation, processing, and disposition of the Deceased's remains.
2. \_\_\_\_\_ I have read and understand the crematory requirements, procedures, and policies contained on the backside of this contract.
3. \_\_\_\_\_ I have not been denied the opportunity to personally identify the Deceased's remains and assume full responsibility for the identification for the Deceased's remains.
4. \_\_\_\_\_ I understand that if I wish to remove or retain any items from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process.
5. \_\_\_\_\_ I give permission for the Funeral Home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical or radioactive device.
6. \_\_\_\_\_ I understand that in the event the cremated remains have not been permanently picked up by me or by my designated representative within 120 days from the date of cremation, the Funeral Home is authorized and directed to dispose of the unclaimed remains in any lawful manner.

## DISCLOSURES

Are there special instructions? \_\_\_\_ Yes \_\_\_\_ No Describe \_\_\_\_\_

The Deceased has the following implanted mechanical or radioactive device and/ or prosthetic device: \_\_\_\_\_

At the time of Deceased's death did he/ she have a disease that was infectious, communicable, or dangerous to public health? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_

Has the Deceased ever been treated with therapeutic radionuclids? \_\_\_\_ Yes \_\_\_\_ No If yes, on what date was the treatment administered? \_\_\_\_\_

Description of urn or container selected \_\_\_\_\_ Suitable for shipping? \_\_\_\_ Yes \_\_\_\_ No

Note: In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated human remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

## ORDER FOR DISPOSITION

I authorize the Crematory to cremate and process the Deceased's remains and to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home.

I hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

\_\_\_\_\_ Deliver to \_\_\_\_\_ Cemetery

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Release to family member \_\_\_\_\_

\_\_\_\_\_ Scatter at sea by Funeral Home or Funeral Home's agent.

\_\_\_\_\_ Ship via \_\_\_\_\_

To: Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

## SIGNATURE AND INDEMNITY

(If the legal next of kin is not signing below, a written statement of explanation must be completed by the person signing below.) I declare under penalty of perjury that the foregoing information is true and correct and that I make this statement to induce Funeral Home and Crematory to cremate or cause to be cremated the remains of the Deceased. I agree to hold harmless indemnify and defend Funeral Home and Crematory against any claims, liabilities, damages, cost or expenses, including attorney fees, which may result from this Authorization and Order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or harmful implant, infectious disease, or other persons claiming rights to control disposition of the Deceased's remains.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

\_\_\_\_\_

Funeral Home Representative

X. \_\_\_\_\_

Signature of Person claiming legal rights to control disposition

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date: \_\_\_\_\_



## **Crematory Requirements, Procedures, And Policies**

The cremation, processing, and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all government laws and the requirement, procedures and policies of the Crematory and the designated Funeral Home.

## **Crematory's Requirements For Cremation**

(Cremation will take place only after all the following conditions have been met)

1. Any scheduled ceremonies or viewing which requires the presence of the Deceased have been completed.
2. Civil and medical authorities have issued all required permits. Cremation will take place within ten days after issuances of all permits.
3. All necessary authorizations have been obtained and no objections have been raised.

## **Caskets/Containers**

The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container construction of metal, fiberglass, or other noncombustible materials, Crematory is authorized to remove the remains of the Deceased prior to the cremation and place them in a combustible cremation container. Crematory is further authorized to dispose of any such noncombustible casket in any lawful manner.

## **Brief Explanation Of The Cremation Process**

Cremation is performed by placing human remains in an individual cremation container or prepared casket within the cremation chamber where they are subject to intense heat and flame. Upon completion of the calcine cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metal, and other nonhuman materials. The remains (consisting of bone fragments, metal, etc.) are raked from the chamber. The cremated human remains will be separated from most metal and other nonhuman materials to which may be attached bone particles or other human residue. These materials will be disposed of by the Crematory in a non recoverable manner. Jewelry, dental bridgework, and dental fillings will be either destroyed in the cremation process or will be non recoverable. The cremated human remains are then mechanically processed (pulverized). Once processed, the cremated human remains are then placed in the specified urn or container. The Crematory makes a reasonable and prudent effort to remove and recover all of the cremated remains from the cremation chamber, processing equipment and other subsequent tools or containers. It is impossible to remove or recover all cremated remains; some bone particles and other residue will remain on or within the equipment. It is also impossible to guarantee or warrant that some bone particles or other residue could not be commingled with those of previously cremated human remains.

### **Hamden**

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**(203) 288-0800**

### **Meriden**

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