



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:

checkbox

FAMILY:

Authorized Recipient and Relationship

OTHER:

Specify

Urn Information:

Cardboard

checkbox

Plastic

checkbox

Urn Provided

checkbox

Type of Urn

Normal Service requires 3-4 business days. Duxbury Crematory will make every attempt to fulfill services as requested, but cannot guaranty said services in the event of mechanical failure.

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. PLEASE INITIAL

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

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