

CREMATION AUTHORIZATION

Fresh Pond Crematory

THE UNITED STATES CREMATION CO., LTD.

61-40 MOUNT OLIVET CRESCENT, MIDDLE VILLAGE, NEW YORK 11379

PLEASE TYPE OR PRINT

TEL. (718) 821-9700

I, the undersigned hereby authorize the United States Cremation Company to cremate the remains of

Name of Deceased.....

Age..... Sex..... Marital Status.....

Last Residence..... Zip.....

Birthplace..... Date of Birth..... Date of Death.....

Place of Death.....

Nearest of Kin..... Relationship.....

Address..... Zip.....

Funeral Home.....

Address..... Zip.....

All pacemakers must be removed before cremation. Some heart pacemakers can be dangerous when placed in a cremation chamber. If the crematory does not receive proper notice, the family shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances.

DISPOSITION OF THE CREMATED REMAINS

I, the undersigned authorizes the following disposition of the cremated remains:

HOLD:

- Will select a Permanent Memorial Niche in the Fresh Pond Columbarium within two weeks.
Temporary storage for three months, after which a final disposition is to be made.
Permanent storage
Non retrievable disposition

PERMANENT CARE

Inurnment in Niche#..... Re: No..... Deed No.....
Niche Owner.....

SHIP []..... Apt. #.....

RELEASE []..... Zip.....

I, further authorize the Crematory to reduce the cremains to particles of uniform size, to carry out one of the above dispositions I have assigned for the cremains and agree to assume all liability for any damages that may arise from any cause growing out of the said disposition or cremation and to indemnify and hold harmless the Crematory from all claims related to the disposition or cremation.

Witness.....

Nearest of kin or legal representative

Relationship.....

Address.....

Zip..... Tel.....

Please do not write below this line

No.