



# Woodlawn North Purchase

CEMETERIES AND CREMATORY

ESTABLISHED 1865

## CREMATION AUTHORIZATION

<i>(Decedent's Info)</i>		Legal Sex:      M      F      X
Full Legal Name:		Age at death:
Address:		Cause of Death:
Date of Birth:	Place of Birth:	
Date of Death:	Place of Death:	Time of death:
Parents' Names:		Where is the intended final resting place for these cremains? Home      Undecided      At Sea Overseas: _____ Cemetery: _____ Scattered: _____ Other: _____
Spouse's Name:		
Children or other Next of Kin's Names:		
Funeral Home:		

The undersigned hereby requests and authorizes WOODLAWN-NORTH PURCHASE CEMETERIES ASSOCIATION, in accordance with and subject to its rules and regulations, to cremate the remains of the above-named deceased, and certifies and represents that they have the legal right to make such authorization. The undersigned agrees to hold the Crematory and the funeral home designated above harmless from any and all liability arising out of said authorization and cremation.

The undersigned acknowledges that due to the nature of the cremation process, certain materials—including dental or other medical implants, prostheses, or personal effects—may be destroyed or rendered impossible to recover. Any personal possessions or valuable materials, such as dental gold or jewelry, 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 in a nonrecoverable manner. The undersigned understands that cremation is irreversible and final.

The undersigned further acknowledges that pacemakers and other implanted medical devices are likely to explode when subjected to the high temperatures inside the cremation chamber. If such device(s) exist(s), the undersigned has instructed the funeral director responsible for preparing the decedent for cremation to remove any such device(s) from the decedent's remains prior to transferring the decedent to the Crematory for cremation. The undersigned agrees to arrange for the removal of any such device prior to cremation and understands that failure to do so may result in damage to cremation equipment or injury to crematory personnel. In such event, the undersigned agrees to be liable for any resulting damages or injuries.

The undersigned will indemnify and hold harmless WOODLAWN-NORTH PURCHASE CEMETERIES ASSOCIATION and the funeral home designated below from any and all claims, losses, or damages arising out of actions taken in connection with this cremation authorization, including but not limited to the destruction of materials (such as dental or medical implants), the failure to remove implanted devices, or any acts, errors, or omissions relating in any way to the permit of disposition or the arrangement for the disposition of human remains.

The crematory will return the cremated remains ("cremains") to the funeral home listed above.

Funeral Director Remarks: _____ _____ _____  Office Use Only  Cremation # _____	Signature _____
	Printed Name _____
	Address _____
	Date of Signature _____
	Relation to deceased or legal representative _____

### Funeral Director Certification and Acknowledgment:

I, a licensed funeral director, agree to act as the authorized representative for the person(s) named above. I have complied with all applicable laws, including notification of next of kin and obtaining required permits for disposition. I confirm the remains have been properly identified, that all information provided is accurate, and that the crematory may rely on these representations. I agree to follow crematory policies and to indemnify and hold harmless the crematory, its agents, and employees from any liability arising from errors, omissions, or misrepresentations by me or the authorizing agent(s).

Funeral Director Signature: \_\_\_\_\_