



# Maine Coast Crematory

3 Spring Street

Searsport, Maine 04974

## CREMATION AUTHORIZATION

Name of Deceased: \_\_\_\_\_ DOD: \_\_\_\_\_ TOD: \_\_\_\_\_

**Authorization:** I, the undersigned, certify that I am the legal custodian of the herein deceased, having full legal authority to authorize the cremation, processing and disposition of the deceased and hereby authorize and request Direct Cremation of Maine in accordance with and subject to it's rules and regulations, and any applicable state or local laws or regulations, to cremate the remains of above said individual. Initials of Authorizing Agent(s)

I, understand and acknowledge, cremation is an irreversible and final process, and hereby agree to indemnify, defend, and hold harmless Maine Coast Crematory, all officers, agents, and employees, from any and all claims, demands, causes or causes of action, and suits of every kind, nature, and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected to this authorization and the resulting cremation and disposition of the cremated remains either real or perceived, excepting only acts of gross negligence. Initials of Authorizing Agent(s)

Pacemakers, prostheses, silicon and radioactive implants implanted in the deceased may create hazardous conditions when placed in the cremation chamber. Maine Coast Crematory will not cremate any human remains which contain these devices. The authorizing agent hereby certifies that the remains of above said decedent do \_\_\_\_\_ do not \_\_\_\_\_ contain any type of implanted mechanical device. The person(s) signing this form will be responsible for all damages to crematory property, including but not limited to full replacement cost of cremator. Initials of Authorizing Agent(s)

### Final Disposition:

Cremated remains to be placed in: temporary container \_\_\_\_\_ Urn \_\_\_\_\_

The Remains are to be: picked up at crematory by \_\_\_\_\_

Ship to: \_\_\_\_\_

**Signature of Person(s) Authorizing Cremation and Disposition:** This contains important provisions regarding cremation. CREMATION IS IRREVERSIBLE AND FINAL. Read this Document carefully before signing. I/We warrant that all statements made herein are true and correct, and that I/we understand the provisions contained in this document.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

### Additional Signatures:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**Witness by Authorized Funeral Home Representative** \_\_\_\_\_