

CREMATION AUTHORIZATION
 All Souls Crematory and Chapel • St. Michael's Cemetery
 72-02 Astoria Blvd. • East Elmhurst, NY 11370 • 718-278-3240

I (We) the undersigned hereby request and authorize All Souls Chapel and Crematory (hereinafter referred to as the "Crematory") to make arrangements for the cremation of and the final disposition of the Decedent named below in accordance with and subject to the provisions set forth on this document, and in accordance with and subject to the Crematory's rules and regulations, and any applicable state or local laws or regulations:

Name of Deceased:		
Age:	Sex:	Marital Status:
Last address:		
Birthplace:	Date of Birth:	Date of Death:
Nearest of kin:	Relationship:	
Funeral Home:		
Funeral Director in Charge:		
Address:		

SPECIAL INSTRUCTIONS: _____

Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in a cremation chamber. All pacemakers and radioactive implants must be removed prior to delivery of the Decedent to the Crematory. I (We) understand that if any radioactive devices or implants have not been removed prior to the cremation process, I/We are responsible for any damages caused to the Crematory or crematory personnel by such devices or implants.

Initial: ____ All devices have been removed.

Unless otherwise indicated, All Souls Crematory and Chapel or its authorized agents, is authorized to perform the cremation upon receipt of human remains, at its discretion, and according to its own time schedule as work permits, without obtaining any further authorizations or instructions.

As per the New York City Department of Environmental Protection the following caskets or containers may be used with no exceptions: Solid wood, plywood, cardboard boxes, and the inner linings of caskets. All metal handles will be removed.

DISPOSITION OF THE CREMATED REMAINS

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

- Will select a Memorial Niche at St. Michael's Cemetery within one month.
- Will temporarily store remains for less than three months, after which a final disposition is to be made.

(If one of the above items has been checked and an undersigned party has not arranged for final disposition of the remains or claimed the remains within 120 days from the date of cremation, the Crematory may dispose of the remains as authorized by law.)

- Permanent unmarked storage.

Niche Location (If chosen within St. Michael's Cemetery):

Name of Building:	Column:	Niche:
Section:	Row:	Niche:

- Registered Mail to: _____
- Release to:
 Name: _____ Address: _____
 Phone: _____

INDEMNITY

I/We declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Crematory as well as their representatives, directors, officers, agents, and employees, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explosive or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

Initial: ____, I/We give full permission for the following:

- a. The incidental or inadvertent commingling of the cremated remains.
- b. The processing of the remains and resulting incidental commingling of the cremated remains.
- c. The disposal by the Crematory of metal or other non-human material recovered.

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.

I (We) the undersigned, hereby certify that I am/we are the closest living next of kin of the Decedent or that I otherwise serve (served) in the capacity of _____ to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.

By executing this cremation authorization form, as Authorizing Agent(s) the undersigned warrants that the undersigned have read and understand the provisions contained on the front and back of this document.

Executed at _____, this _____ day of _____, 200_____.

Name: _____ Signature: _____ Relationship to Decedent: _____

Address: _____ Phone #: _____

Signature of Witness for signature(s) of Authorizing Agent(s): _____