

**CREMATION
AUTHORIZATION**

Cedar Hill Cemetery

453 Fairfield Avenue
Hartford, Connecticut 06114

CREMATION
CERTIFICATE No. _____

PLEASE UNFOLD BEFORE COMPLETING FORM

IDENTIFICATION OF DECEASED

Name of Deceased _____ Sex _____ Age _____
Address _____ Date of Death _____
Place of Death _____ Time of Death _____
Did the deceased have an infectious or contagious disease? Yes No Description _____
Was the decedent treated with therapeutic radionuclides? Yes No Last Treatment Date _____

REQUIREMENTS FOR CREMATION

"The cremation of the deceased will take place only after the 48-hour waiting period has elapsed since the death occurred, the civil and medical authorizations have been obtained, and no objections have been raised."

"To assure that the dignity of the deceased is maintained a combustible container suitable for the size and weight of the deceased is required for cremation. For safe handling ease, this container must be fully rigid, the cover must be properly secured at each end, and the head of the container must be clearly marked. Cedar Hill Crematory reserves the right to refuse any container which does not meet these standards. It is the crematory's policy not to open the container, however, in the event of leakage of or damage to the container, the crematory is authorized to open it for inspection and to notify the funeral home for instructions. It is also the crematory's policy not to remove any hardware from the container before its placement into the cremation chamber. Cedar Hill Crematory does not accept containers made of styrofoam, fiberglass, or metal!

"All cremations are performed individually. It is Cedar Hill Crematory's policy not to allow anyone to witness a cremation being performed."

TO BE READ AND SIGNED BY THE AUTHORIZED AGENT

"I hereby certify that I, herein referred to as the 'Authorized Agent', am next-of-kin to the deceased and that I am *related to the deceased* as his/her _____, that I have *custody and control of the remains of the deceased* and as such possess the full legal authority and power granted to me by Connecticut State Law to arrange for the cremation and the disposition of the cremated remains of the deceased. In addition, I am aware of *no objection* to this cremation by any other next-of-kin who may also have the legal authority to control the final disposition of the deceased."

"I understand that due to the nature of the cremation process any valuable material, including jewelry and dental gold, will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or may be destroyed in a non-recoverable manner. I further state that the deceased has not had a heart pacemaker implanted, radiation-producing device implanted, or any other device implanted that *could be explosive or dangerous if subjected to intense heat*. If such a device exists I have instructed the funeral director or others to *remove it before cremation*. I also agree that in the event of my *failure to notify the funeral director, or any others responsible for removing such a device, I will be liable for any damages or injury resulting from the presence of such a device.*"

"It is further understood that as the Authorized Agent, I hereby agree to hold harmless Cedar Hill Crematory, its officers, agents, and employees, from any and all claims, demands, and suits of every kind, in law or equity, including any legal fees, costs, and expenses, *arising as a result of this authorization, including my failure as Authorized Agent to properly identify the human remains delivered to Cedar Hill Crematory, claims brought by any other persons claiming the right to control the disposition of the deceased, or any action performed by Cedar Hill Crematory, its officers, agents, or employees, pursuant to this authorization.*"

"Do to its delicate nature the details of the cremation process may not have been explained to me as *I may not wish to know them at this time*. However, I am aware that I may receive a copy of the Policies and Procedures for Cremation from the funeral home or the crematory, at any time upon my request."

"By executing this Cremation Authorization form, I warrant that all representations contained on this form are *true and correct*, that they were made to induce Cedar Hill Crematory *to cremate the remains of the deceased*, and that I have *read and understand* the provisions contained on this form. Therefore, with these representations in mind, as the undersigned Authorized Agent, I hereby request and authorize Cedar Hill Crematory in accordance with and subject to its Policies and Procedures, *to cremate the remains of the deceased and to arrange for the disposition of the cremated remains in accordance with my instructions as set forth below.*"

Authorized Agent's Signature _____ Date Signed _____

Please Print (Name) _____ (Address) _____ (City/State) _____ (Zip) _____

TO BE READ AND SIGNED BY THE FUNERAL DIRECTOR

Name of Funeral Home _____

Funeral Director Making Arrangements _____

"By executing this authorization form as a licensed funeral director and agent of the funeral home indicated above I warrant to the best of my knowledge the following:"

- 1) That our funeral home was responsible for making arrangements with the Authorized Agent for the cremation of the deceased and that I have reviewed this authorization form with him/her.
- 2) That the human remains delivered to Cedar Hill Crematory and are represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the deceased.
- 3) That no member of our funeral home has any knowledge that would lead us to believe that representations provided on this form and warranted by the Authorized Agent are incorrect.
- 4) That our funeral home has obtained all necessary permits authorizing the cremation of the deceased and that those permits are attached and are in full force and effect.

Did the deceased arrange for his/her own cremation on a pre-need basis and sign this cremation authorization form himself/herself? Yes No

Did someone other than the next-of-kin sign this authorization form? Yes No

In the event there is no next-of-kin surviving the deceased, the custody and control of the remains of the deceased must be decided by the Probate Court, in accordance with the laws of the State of Connecticut. If the custody and control is awarded to a person suitable to the Probate Court, that person's signature must appear in the space designated "Authorized Agent", and a copy of the Probate Order awarding such custody and control must be affixed to this form.

Funeral Director's Signature _____ Date Signed _____

DISPOSITION OF CREMATED REMAINS

**To Be Read and Initialed by the Authorized Agent
(Check and initial one manner of disposition only)**

_____ Release the cremated remains to the custody of:

_____ *(Print full name)* _____ *(Identification required at time of acceptance)*

_____ Agent's Initials

_____ Deliver the cremated remains via insured, return receipt, First Class Mail to:

_____ Agent's Initials

The services of Cedar Hill Crematory will have been fully completed when the cremated remains are released to the custody of the designated recipient or when they have been delivered to the U.S. Postal Service for mailing. Cedar Hill Crematory will not be responsible for cremated remains delayed in delivery or lost by the U.S. Postal Service.

NOTE: If the family of the deceased wishes to scatter the cremated remains, then they should be aware that the cremated remains will *not* be recoverable, and if the scattering is performed in a common area of a cemetery the cremated remains may be commingled with particles of other cremated remains previously scattered. Or, if the family of the deceased wishes to scatter the cremated remains in a private and personal area of their selection, it is advisable for them to check with State or Local authorities *before* the scattering to ensure that such a scattering does not violate any applicable laws.

(For Crematory Use Only)

Received for Cremation: _____ (Date) _____ (Time) _____ (Operator's initials)

Receptacle: Cardboard Container Cloth Covered Casket Hardwood Casket Other _____ (Specify)