

## CREMATION AUTHORIZATION

### CHARTER CREMATORY SERVICES\*

21 INDUSTRIAL DRIVE, WATERFORD, CT 06385

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Charter Crematory Services\*, in accordance with and subject to its rules and regulations, and all applicable state or local regulations, to cremate the human remains of

\_\_\_\_\_ (the "decedent"), who resided at \_\_\_\_\_

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Charter Crematory Services\*, for cremation.

Place of Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Decedent's Age: \_\_\_\_\_ Decedent's Sex: \_\_\_\_\_

Did decedent have or is suspected to have had a contagious disease? Yes No If yes, please explain: \_\_\_\_\_

Has the Decedent received treatments with therapeutic radionuclides? Yes No

If yes, date of treatment: \_\_\_\_\_

I (We) authorize Charter Crematory Services\* to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedules and state laws, as work permits, without obtaining any further authorization or instructions.

I (We) state that the decedent does not have a heart pacemaker, radiation producing implant device or any other life sustaining device that could be explosive. If such a device exists, I (We) will instruct the funeral director or others to remove such object prior to cremation. I (We) also agree that in the event of my (our) failure to notify the funeral director or others responsible for removal of such a device, I (We) shall be liable, for any damages to the crematory or injury to crematory personnel.

I (We) request that the following disposition be made to the cremated remains:

<b>Packaging:</b> _____	<b>Delivery:</b> _____
Urn _____	Funeral Home _____
Temporary Container _____	Other _____
Other _____	_____

Executed at \_\_\_\_\_  
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Funeral Director as Witness for Authorizing Agent(s)

IMPELLITTERI-MALIA FUNERAL HOME 84 MONTAUK AVE. NEW LONDON, CT 06320

Funeral Home Name and Address

This authorization, duly signed and completely filled in, must accompany decedent to the Crematory, together with the burial transit permit and the cremation permit.

(FOR OFFICE USE ONLY)

Cremation Number: \_\_\_\_\_

Date of Cremation: \_\_\_\_\_

If the undersigned authorizes the Crematory to deliver the cremated remains via any postage or freight service carrier, they agree to have assumed all liability for any damages that may arise from any cause growing out of said delivery and will indemnify and hold harmless the Crematory and Funeral Home from any and all claims related to such delivery.

I (We) certify that I (We) are related to decedent as

\_\_\_\_\_ or that I (We) otherwise serve in the capacity of

\_\_\_\_\_ to the decedent.

I (We) have the right to authorize this cremation and disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material or objects, including jewelry and dental gold, will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or left with the intention of them being destroyed.

I (We) have read the opposite side of this document entitled "Charter Crematory Services Policies, Procedures and Requirements," and hereby authorize Charter Crematory Services\* to perform the cremation of the decedent listed in accordance with this document.

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Charter Crematory Services\*, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of any 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 with this authorization, including the failure to properly identify the decedent or the human remains transmitted to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Charter Crematory Services\* to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.