

OAK GROVE CREMATORY AT OAK GROVE CEMETERY

AUTHORIZATION FOR CREMATION & DISPOSITION OF CREMATED REMAINS

Name of Funeral Establishment HALL FUNERAL HOME

First, Middle, Last Name of Deceased: _____

Date and Time of Death: _____/_____/201____ :____ AM PM

Printed Name of Authorizing Person: _____

Did the death occur from a disease declared by the Department of Health and Human Services to be infectious, contagious, communicable, or dangerous to the public health? ___yes ___no

Check any that are present in body of the deceased: ___pacemaker ___defibrillator ___prostheses ___silicone implants ___radioactive implants (including "seeds") ___plastic cast(s) All pacemakers, prostheses, plastic casts, and radioactive implants must be removed prior to delivering the deceased to Oak Grove Crematory.

Eventually the cremated remains will be interred or inurned in a cemetery or will be scattered ___yes ___no

Deceased will be transported to Oak Grove Crematory in the following type of container/casket: _____

The authorizing person requests that the cremated remains be placed in ___a temporary container ___an urn provided by the funeral establishment or the family

If the cremated remains are not being interred at Oak Grove Cemetery, then the staff at Oak Grove Crematory is requested by the authorizing person to make the following disposition of the cremated remains:

___ ship by registered mail to _____

___ deliver by vehicle before ___:___ AM PM on ___/___/201___ {___ or next delivery in area}

___ to funeral establishment to _____

___ pick up at Oak Grove Crematory ___by funeral establishment staff by _____

The undersigned authorizing person hereby requests and authorizes Oak Grove Crematory, in accordance with and subject to its rules, to cremate the human remains of the deceased and to arrange the disposition of the cremated remains as set forth in this form. The undersigned certifies and represents that he/she/they has/have the right to make such authorization under the laws of the state of Maine in accordance with 22 MRSA 2843-A custody of remains of deceased persons. The undersigned has identified the human remains delivered to the funeral establishment as the deceased has authorized the funeral establishment to deliver the deceased to Oak Grove Crematory for cremation. Otherwise, the undersigned has elected to waive the right to identify the human remains at the funeral establishment. The undersigned is not aware of any objection to this cremation by any spouse, child, parent, siblings, or other family member of the deceased. The undersigned acknowledges that cremation is irreversible and final and agrees to indemnify, defend, and hold harmless Oak Grove Crematory, its officers, agents, and employees of and 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 with this authorization and the resulting cremation and disposition of the cremated remains, excepting only acts of willful negligence. The undersigned authorizes and instructs the funeral practitioner to remove all pacemakers, prostheses, plastic casts, and/or radioactive implants and to dispose of them prior to transporting the deceased to Oak Grove Crematory. The undersigned authorizing person acknowledges the he/she/they has/have read this document carefully and that by the signature(s) below the authorizing person(s) attests/attest to the accuracy of all representations contained on this cremation authorization form.

signature of authorizing person relation to deceased date signed telephone #

signature of funeral practitioner; signature also certifies that any pacemaker, prosthesis, casts, or implants have been removed