## OAK GROVE CREMATORY AT OAK GROVE CEMETERY

## AUTHORIZATION FOR CREMATION & DISPOSITION OF CREMATED REMAINS

Check any that are present in body of the deceased:pacemakerdefibrilliatorprosthesessilicone implantsradioactive 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 scatteredyesno  Deceased will be transported to Oak Grove Crematory in the following type of container/casket:	Name of Funeral Establishment	HALL FUNERAL HOME		
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?vesno  Check any that are present in body of the deceased:pacemakerdefibrillatorprosthesessilicone implantsradioactive 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 scatteredyesno  Deceased will be transported to Oak Grove Crematory in the following type of container/casket:				
Did the death occur from a disease declared by the Department of Health and Human Services to be Infectious, contaglous, communicable, or dangerous to the public health?yes	Date and Time of Death:		_/201	:AM PM
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implants (including "seeds")			and Human Services to be in	ectious, contagious, communicable, or
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 ina temporary containeran 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	implants (including "seeds")plastic cast	(s) All pacemakers, prosthese	efibrillatorprostheses s, plastic casts, and radioactiv	_silicone implantsradioactive e implants must be removed prior to
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ship by registered mail to		emated remains be placed in	a temporary container	an urn provided by the funeral
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 indentify, 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 inplants 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			en the staff at Oak Grove Cre	matory is requested by the authorizing
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signature of authorizing person relation to deceased	cremate the human remains of the decease certifies and represents that he/she/they havith 22 MRSA 2843-A custody of remains of establishment as the deceased has authorize Otherwise, the undersigned has elected to aware of any objection to this cremation by acknowledges that cremation is irreversible agents, and employees of and from any and law or equity, including any legal fees, costs and the resulting cremation and disposition instructs the funeral practitioner to remove to transporting the deceased to Oak Grove document carefully and that by the signature	d and to arrange the disposition as/have the right to make such of deceased persons. The undered the funeral establishment to waive the right to identify the language and final and agrees to Indentify and Calledon, and final and agrees to Indentify and expenses of litigation, are of the cremated remains, except all pacemakers, prostheses, programments. The undersigned of the crematory. The undersigned of the crematory.	on of the cremated remains as authorization under the laws rsigned has identified the hurso deliver the deceased to Oal human remains at the funeralings, or other family member tify, defend, and hold harmles or causes of action, and suits of ising as a result of, based upon epting only acts of willful neglastic casts, and/or radioactive authorizing person acknowledgether in the laws of willful neglastic casts, and/or radioactive authorizing person acknowledgether.	s set forth in this form. The undersigned of the state of Maine in accordance man remains delivered to the funeral of Grove Crematory for cremation.  establishment. The undersigned is not of the deceased. The undersigned is odd Grove Crematory, its officers, of every kind, nature, and description, in an, or connected with this authorization ligence. The undersigned authorizes and e implants and to dispose of them prior iges the he/she/they has/have read this
	signature of authorizing person	relation to deceas	ed date signed	telephone #
rignature of funeral practitioner: signature also certifies that any pacemaker, prosthesis, casts, or implants have been removed				
	signature of funeral practitioners signature	also certifies that any pacema	ker, prosthesis, casts, or impli	ants have been removed