

Please Deliver Cremation By: (Day & Time) _____

CREMATION # _____

LINWOOD CEMETERY CORPORATION

41 John Ward Ave. • Haverhill, Mass. 01830

(Crematory Use Only)

Urn Type please check box

- Urn from Funeral Home
- Linwood Cardboard Box
- Linwood Plastic Box
- Linwood Urn _____
- Other _____

AUTHORIZATION FOR CREMATION AND DISPOSITION (Please print or type)

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize Linwood Cemetery Corporation in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of (the "decedent") _____ resident of _____ and to arrange the final disposition of the cremated remains, as set forth on this form.

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 Linwood Cemetery Corporation for cremation. Otherwise, I (We) have elected to waive the right to identify the human remains at the funeral home.

IDENTIFICATION

Date of Death _____ Time of Death _____ AM/PM

Place of Death, City, Town, Borough, Twp. _____ County _____ State _____

Sex _____ Race _____ Age _____ Date of Birth _____

Was death caused by an infectious or contagious disease? Yes No

If yes, please explain: _____

PACEMAKERS AND RADIOACTIVE IMPLANTS

Please initial one of the next two paragraphs

The decedent's remains do not contain pacemaker, radioactive implant or any other electronic device that could be harmful to the crematory. They are safe to cremate. Initials of AA

The following list contains all existing devices (including all mechanical and radioactive implants) which are implanted in or attached to the decedent, that should be removed prior to cremation. _____

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to Linwood Cemetery. Initials of AA

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO LINWOOD CEMETERY

TIME OF CREMATION

Linwood Cemetery is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, without obtaining any further authorization or instructions. The cremated remains to be placed in crematory container (plastic or cardboard) or an urn. The cremated remains shall be released to the funeral director unless otherwise directed, in writing.

AUTHORITY OF AUTHORIZING AGENT

I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her _____ 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 of Massachusetts, to execute the 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.

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Linwood Cemetery Corporation, 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, including the failure to properly identify the decedent or the human remains transmitted to Linwood Cemetery, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Linwood Cemetery, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. Initials of AA

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.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements are made to induce Linwood Cemetery to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained in this form.

Executed at _____ this _____ day of _____, 20_____

Name _____ Signature _____

Relationship to Decedent _____

Address _____

Name _____ Signature _____

Relationship to Decedent _____

Address _____

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

Name and Address of Funeral Home _____

Merrimack Valley Crematory Authorization Form

No. _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request the Merrimack Valley Crematory, LLC, in accordance with and subject to its rules and regulations and any applicable state or local laws, to cremate the remains of _____ (the "decedent") and to arrange for the final disposition of the cremated remains as set forth in this document.

I (We) have identified the human remains that were delivered to the funeral home as the above named decedent, and have authorized the funeral home to deliver the remains to the Merrimack Valley Crematory, LLC for cremation.

I (We) have read this form and hereby authorize the crematorium to perform the cremation of the decedent in accordance with its provisions.

Date of Death _____ Time of Death _____ AM/PM Place of death _____

Decedent's age _____ Sex _____ Place of residence (City & State) _____

Did decedent have or is suspected to have an infectious or contagious disease? Yes/No If yes, explain _____

PACEMAKERS, PROSTHESIS, SILICON AND RADIOACTIVE IMPLANTS

(Please initial only one of the next two statements)

A. I (We) understand that pacemakers, prosthesis, mechanical and radioactive implants can be harmful to the crematory and must be removed prior to cremation. The decedent did not have any such device or implant and the remains are safe to cremate. Initials

B. The following list contains all existing devices which are implanted in or attached to the decedent that should be removed prior to cremation _____ I (We) have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to the crematory. Initials

FINAL DISPOSITION

The Merrimack Valley Crematory, LLC is authorized to perform the cremation upon receipt of the human remains at its discretion and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

After the cremation has taken place, the cremated remains have been processed, and the processed cremated remains placed in the designated urn or receptacle, Merrimack Valley Crematory, LLC will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize Merrimack Valley Crematory, LLC to deliver, transport, or ship the cremation remains as specified.

(Please enter delivery instructions)

1. Deliver to: _____ By (date and time) _____
2. Ship to: (via U.S. Postal Service registered, return receipt mail) _____
3. Other: _____

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Merrimack Valley Crematory, LLC, 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 any subsequent acts and or services performed by Merrimack Valley Crematory, LLC, its officers, agents, or employees, excepting only willful negligence.

AUTHORITY OF AUTHORIZING AGENT

I (We) the undersigned do hereby certify that I (we) have charge of the remains of the decedent, and as such, possess full legal authority and power under the laws of the state of _____ to execute this Authorization and to arrange for the cremation and disposition of the cremated remains of the decedent. By executing this Authorization as Authorizing Agent(s), the undersigned warrant that all representations and statements contained herein are true and correct, that these statements were made to induce M.V.C. to cremated remains of the decedent, and that the undersigned have read and understand all of the provisions contained on this Authorization.

NAME _____ SIGNATURE

RELATIONSHIP TO DECEASED _____

ADDRESS _____

Signature of Funeral Director as witness to signature of Authorizing Agent _____

Name and address of Funeral Home _____