AUTHORIZATION TO CREMATE

Pre-Cremation Viewing/Service:			
☐ Decline	☐ Approve	Date: _____	Time: _____

Re: _____

Name of Deceased

I, _____ hereby authorize and request

Next of Kin / Authorized Representative's (Informant) Name

the cremation of my _____ .

Relationship to Deceased

I authorize and direct Garden Island Mortuary, Ltd., its employees, independent contractors, and agents (including apprentices and mortuary assistants under the direct supervision of a licensed embalmer), to care for, prepare, and cremate the body of the deceased. I acknowledge and agree that this cremation may take place at the Garden Island Mortuary, Ltd. facility, or at another appropriately equipped cremation facility if necessary.

I certify and warrant that I have the legal right to control the final disposition of the remains of the decedent. I agree to defend, indemnify, and hold harmless Garden Island Mortuary, Ltd. against any and all claims, damages, liabilities, or losses that may be asserted by any other person or persons claiming a superior legal right to control this disposition.

_____ _____

Signature of Next of Kin / Authorized Representative | Date

Licensed Mortician/Apprentice Embalmer:

_____ _____

Licensed Mortician / Apprentice Embalmer Signature | Date