



Eastern Crematory, Inc

2215 West Hunting Park Avenue Philadelphia Pa 19140

Land Line: 215-225-3300 Fax: 215-225-7498 email: easterncrematory@gmail.com

Authorization to Cremate

The undersigned (the "Authorizing Agent(s)" hereby authorize(s) Eastern Crematory, Inc, in accordance with any applicable state or local laws or regulations, to cremate the human remains of : _____ (Decedent)

Date of Birth ____/____/____, Date of Death ____/____/____; MALE FEMALE; AGE _____

Place of Death: City, Borough, Twp. _____; County _____, State _____

The Authorized Funeral Director is _____ IV# _____ Coroner Permit# _____

I/We have identified the human remains that were delivered to the funeral home as the decedent or accepted the identification used by _____. (The authority to identify-name of nursing home or hospital) and have authorized the funeral home to deliver the decedent to Eastern Crematory, Inc for cremation.

The undersigned is/are over the age of eighteen and the next of kin and / or have authority to sign and give permission for this cremation.

All implanted heart pacemakers, radiation producing devices, prostheses or other implanted medical devices that could be explosive or harmful during the cremation process, **have been or will be removed before delivery for cremation Funeral Director Initials:** _____

The undersigned agree(s) to defend, indemnify and hold harmless Eastern Crematory Inc. and its representatives from any and all liability whatsoever in performing these services and agrees to be liable for any damages to the crematorium or injury to its personnel if any implanted medical device explodes or causes damage.

It is understood that due to the cremation process, any valuable material, including dental gold, will either be destroyed or be beyond recovery. Any personal possession accordingly **has been removed by the Authorizing Agent(s) Initials:** _____

Eastern Crematory, Inc 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.

All cremations are performed individually, there are no exceptions. Eastern Crematory Inc. will allow a maximum of four witnesses to view the container being placed into the cremation chamber.

The undersigned states that the decedent **does have** the following infectious or contagious diseases: _____

or the decedent **does not have** any in infectious or contagious diseases.

Eastern Crematory, Inc will only accept containers suitable for cremation, it must be closed to provide a complete covering of the human remains, be resistant to leakage or spillage, and be able to provide protection for the health and safety of Eastern Crematory personnel.

Limitation of Liability as The authorizing agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Eastern Crematory Inc. its officers, agents, and employees, of and from any and all claims, demands, 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 the authorization, including the failure to properly identify the decedent or the human remains transported to Eastern Crematory Inc., 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's cremated remains, or any other action performed by Eastern Crematory Inc. its officers, agents or employees pursuant to this authorization. The obligation of Eastern Crematory, Inc shall be limited to the cremation of the decedent and the return of the decedents cremated remains to the authorized Funeral Director/Home as authorized on this form. No warranties, expressed or implied, are made and total damages are limited whereby in no event shall the total damages amount exceed the amount of the cremation fee paid.

Signature of Authorizing Agent(s)

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 capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, to execute this 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 other interested party, including spouse, child, parent, sibling or partner. I/ WE declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct.

Name Print : _____ Signature: _____ Date: _____

Witness at Signing Name Print: _____ Signature: _____

Disposition of cremated remains will be returned to the Funeral Home the next business day a signature accepting the remains will be required.

Name and Address of Funeral Home: _____

By executing this authorization form as a licensed funeral director and agent / employee of the Funeral Home indicated above, I warrant to the best of my knowledge the following:

- A. That our Funeral Home was responsible for making arrangement with the Authorizing Agent(s) for the cremation of the Decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
- B. That no member of our Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.

Signature of Funeral Director: _____ Date: _____

Distribution of Copies: White - Eastern Crematory, Inc Yellow - Funeral Home Pink - Family