

CREMATION AUTHORIZATION



140 Tilton Road • Route 140
Northfield, NH 03276
Mailing Address: P.O. Box 67
Laconia, NH 03247-0067

(FOR OFFICE USE ONLY)

Cremation Number _____
Date of Cremation _____

I(we), the undersigned (the "Authorizing Agent(s)", hereby authorize and request the Winnepesaukee River Crematorium*, in accordance with and subject to its rules and regulations, and all applicable state or local regulations, to cremate the human remains

of _____
(the "decedent"), who resided at _____

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 the Winnepesaukee River Crematorium*, for cremation.

Place of Death: _____
Date of Death: _____ Time of Death _____
Decedent's Age _____ Decedent's Sex _____

Did the decedent have or is suspected to have had a contagious disease?
Yes or No If yes, please explain: _____

Has the decedent received treatments with therapeutic radionuclides?
Yes or No If yes, date of treatment: _____

I(We) authorize the Winnepesaukee River Crematorium* to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedules and state laws, as work permits, without obtaining any further authorization or instructions.

I(We) state that the decedent does not have a heart pacemaker, radiation producing implant device or any other life sustaining device that could be explosive. If such a device exists, I(We) will instruct the funeral director or others to remove object prior to cremation. I(We) also agree that in the event of my (our) failure to notify the funeral director or others responsible for removal of a device, I(We) shall be liable, for any damages to the crematory or injury to crematory personnel.

I(We) request that the following disposition be made of the cremated remains:
Packaging: () Urn _____ () Temporary Container _____ () Other _____
Delivery : () Funeral Home _____ () Other _____

If the undersigned authorizes the Crematory to deliver the cremated remains via any postage or freight service carrier, they agree to have assumed all liability for any damages that may arise from any cause growing out of said delivery and will indemnify and hold harmless the Crematory and Funeral Home from any and all claims related to such delivery.

I(We) certify that I(We) are related to the decedent as _____ or _____ that I(We) otherwise serve in the capacity of _____ or _____

the decedent. I(We) have the right to authorize this cremation and disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material or objects, including jewelry and dental gold, will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or left with the intention of them being destroyed.

I(We) have read the opposite side of this document entitled "Winnepesaukee River Crematorium Policies, Procedures and Requirements," and hereby authorize Winnepesaukee River Crematorium* to perform the cremation of the decedent listed in accordance with this document.

As the Authorizing Agent(s), I(We) hereby agree to indemnify, defend, and hold harmless the Winnepesaukee River Crematorium*, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of any 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 transported to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Winnepesaukee River Crematorium* to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Executed at _____, this _____ day of _____
Signature _____ Name _____ Address _____ City _____ State _____ Zip _____
Signature _____ Name _____ Address _____ City _____ State _____ Zip _____

Signature of Funeral Director as Witness for Authorizing Agent(s)
Wilkinson-Beane-Simoneau-Paquette Funeral Home/603Cremations.com, Laconia, NH 03246
Funeral Home Name and Address

This authorization, duly signed and completely filled in, must accompany decedent to Crematory, together with burial transit permit. A copy of the death certificate is required if a medical examiner form is not supplied. The decedent or remains will not be accepted for cremation unless encased in a casket or other solid container as defined by He-P601 .05.

*A division of Wilkinson-Beane, Inc.

(SEE POLICIES, PROCEDURES, AND REQUIREMENTS ON BACK SIDE)