

THE CHARLES C. WARNER CREMATORY AT GRACELAWN MEMORIAL PARK
MAINE'S FIRST ESTABLISHED CREMATORY; SERVING MAINE FAMILIES SINCE 1950
AUTHORIZATION FOR CREMATION & DISPOSITION OF CREMATED REMAINS
THIS IS A LEGAL DOCUMENT. READ BOTH SIDES OF THIS DOCUMENT BEFORE SIGNING BELOW.

Name of Funeral Establishment: **FUNERAL ALTERNATIVES GROUP**

First, Middle, Last
 Name of Deceased: _____

Date and Time of Death: _____ / _____ /20____ :_____ AM PM

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? yes no

Check any that are present in the body of the deceased: pacemaker defibulator prostheses silicone implants
 radioactive implants (including "seeds") plastic cast(s) All pacemakers, prostheses, plastic casts, and radioactive implants must be removed prior to delivering the deceased to Gracelawn Memorial Park.

Eventually the cremated remains will be interred or inurned in a cemetery or will be scattered yes no

Deceased will be transported to Gracelawn in the following type of container/casket: _____

The authorizing person requests that the cremated remains be placed in _____ a temporary container
 _____ an urn purchased by the deceased from Gracelawn _____ an urn provided by the funeral establishment or the family
 _____ an urn purchased by the funeral establishment from Gracelawn (type of urn: _____)

If the cremated remains are not being interred at Gracelawn Memorial Park, then the staff at Gracelawn Memorial Park is requested by the authorizing person to make the following disposition of the cremated remains:

_____ ship by registered mail to _____
 _____ deliver by vehicle before _____:_____ AM PM on _____/_____/20____ {_____ or next delivery in area}
 _____ to funeral establishment to _____
 _____ pick up at Gracelawn _____ by funeral establishment staff by _____

The undersigned authorizing person hereby requests and authorizes Gracelawn Memorial Park, 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 on 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 and has authorized the funeral establishment to deliver the deceased to Gracelawn Memorial Park 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, sibling, or other family member of the deceased. The undersigned acknowledges that cremation is irreversible and final and agrees to indemnify, defend, and hold harmless Gracelawn Memorial Park, 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 implants and to dispose of them prior to transporting the deceased to Gracelawn Memorial Park. The undersigned authorizing person acknowledges that he/she/they has/ have read both sides of this document carefully and that by the signature(s) below the authorizing person(s) attests/attest to the accuracy of all representations contained on this cremation authorization form.

 signature of authorizing person relation to deceased date signed

 signature of funeral practitioner; signature also certifies that any pacemaker, prosthesis, casts, or implants have been removed