

# Application for Cremation

1. I, the undersigned, authorize McAdam's Funeral Home and Crematorium (Company) to cremate the remains of \_\_\_\_\_  
last residence of deceased \_\_\_\_\_  
who died at \_\_\_\_\_  
date of death \_\_\_\_\_ date of birth of deceased \_\_\_\_\_
2. I solemnly declare that (Please check one)  
I am an executor of the deceased \_\_\_\_\_  
OR  
I am the deceased's next of kin \_\_\_\_\_ Relationship \_\_\_\_\_  
OR  
For the following reason, I am entitled to make this application \_\_\_\_\_
3. I understand that, pursuant to legislation and/or the Company's regulations, **no cremation may take place:**
  - a. unless a duly executed burial permit has been delivered to the Company,
  - b. unless a certificate in the form as on the reverse of this sheet has been signed by a coroner and delivered to the Company,
  - c. within 48 hours after death, unless otherwise ordered by a local board of health.
4. I agree that any cremation made pursuant to this application shall be governed by the regulations and tariff of rates for the crematorium at the time of cremation. **I consent for any reusable metal remaining after cremation to be collected, sold, and any proceeds of which will be donated to a local charity.**
5. I order the following disposition, and agree to indemnify the Company from any claim incurred in performing it.

I hereby certify that I have the right to authorize this cremation and the disposition of the remains and I agree to hold the Company and Funeral Director harmless from liability resulting from this authorization. I further state that, to my knowledge, the deceased has not had implanted a heart pacemaker, radiation producing device nor any other life sustaining device(s) that could be explosive. In the event that I know of such a device(s), I have instructed the Funeral Director or any other competent person to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of my knowledge of such devices, I will be liable for damages to the crematorium, or injury to persons. I here certify that I have read the above document and agree to all that it entails.

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Release Cremated Remains to: \_\_\_\_\_

Name of Funeral Home \_\_\_\_\_ Funeral Director \_\_\_\_\_

Note: Casket or container must be of wood or other combustible material