



CREMATION AUTHORIZATION FORM
PURITAN LAWN MEMORIAL PARK CEMETERY
185 Lake Street, Peabody MA 01960
Phone # (978) 535-3660 ❖ www.puritanlawn.com

Cert. # _____
(crematory use only)

The undersigned-authorizing agent hereby requests and authorizes Puritan Lawn Memorial Park Cemetery, in accordance with and subject to its rules and regulations to cremate:

The remains of _____ Male ☐ Female ☐

Late resident of _____ Birth Date _____

Who died at _____ Cause of Death _____

Died on the _____ day of _____ 20 _____ at _____ am / pm (circle one)

Did deceased have a pacemaker or other implanted device? No ☐, Yes ☐ explain _____

Did deceased have an infectious or contagious disease? No ☐, Yes ☐ explain _____

Next of Kin/Authorizing Agent:

Name _____ Signature _____

Phone(H) _____ (M) _____ E-mail _____

Street _____ City _____ Zip _____ State _____

Next of Kin/Authorizing Agent (please initial each), **Relation to deceased:** _____

_____ I certify and represent that I have the right to make such authorization and am not aware of any living person who has a superior right or any next-of-kin or legal authority that have an objection to this cremation.

_____ I agree to hold the cemetery harmless from any liability on account of said cremation. I understand that valuable material including jewelry and dental gold will likely be destroyed and/or not recoverable as a result of the cremation process.

_____ I authorize the following disposition of the cremated remains.

- ☐ Release the cremated remains to the custody of _____.
- ☐ Hold remains for pending interment at Puritan Lawn Memorial Park in area I have arranged _____.
- ☐ Hold cremated remains for up to 30 days at Puritan Lawn so I have an opportunity to review final disposition options available. After 30 days, if final disposition has not been communicated to us, cremated remains will be released to the Next of Kin above (\$100 fee applies if cremated remains need to be mailed).
- ☐ Deliver the cremated remains via insured, return receipt, first class mail to (\$100 minimum fee applies):

Medical Examination

I have viewed the body and made personal inquiry into the cause and manner of death and am of the opinion that no further examination or judicial inquiry concerning the same is necessary.

Date _____ Time _____ M.E. or Duly Authorized Person _____

Receptacle: ☐ Cardboard ☐ Cloth Covered Casket ☐ Hardwood Casket ☐ Other _____ (no metal or fiberglass)

Casket bedsprings are removed? Yes ☐, Not Applicable ☐. ❖❖ Pacemakers are removed? Yes ☐, Not Applicable ☐.

Funeral Director _____ Signature _____

City _____ State _____ Phone # _____

Subject to the 48-hour waiting period, cremation completion is requested by the _____ day of _____ 20 _____

Crematory Use Only

Received By _____ Date _____ Time _____