LAKEVIEW CEMETERY ASSOCIATION

885 BOSTON AVENUE
BRIDGEPORT, CONNECTICUT 06610-2198
TELEPHONE (203) 335-4912
FAX (203) 335-0813

AUTHORITY TO CREMATE

The undersigned hereby authorizes LAKEVIEW CEMETERY to cremate the body of _____ who died in _____ at _____ o'clock a.m. p.m. on the _____ day of _____, 20 ___ and I certify that I have the legal right to make such authorization.

DISPOSITION OF CREMAINS: (mark one)

☐ _____ will pick up at crematory within 10 days
FUNERAL DIRECTOR

☐ Mail to _____

_____

Mailing fee: $50.00 (as of April 1, 2013)

All personal possessions that I want have been returned and I have been advised that all others will be destroyed or rendered unrecoverable.

I agree to hold the Lakeview Cemetery and its agents or assigns harmless from any liability, claim or causes of action concerning said authorization and cremation and disposition of cremains.

Pacemakers and prostheses, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. **IT IS IMPERATIVE THAT PACEMAKERS AND ARTIFICIAL DEVICES BE REMOVED PRIOR TO CREMATION. FUNERAL HOMES WILL BE HELD RESPONSIBLE FOR ANY DAMAGE CAUSED BY DEVICES WHICH ARE NOT REMOVED.**

If disposition of the cremated remains is not decided upon at the time of cremation, the Association will hold the cremains in storage for a period of ten days. If no instructions are received within this period (10 days), the Association is given the authority to make disposition in any manner it sees fit.

DID THIS INDIVIDUAL HAVE A PACEMAKER? _____ yes _____ no

IF YES, HAS THE PACEMAKER BEEN REMOVED? _____ yes _____ no

SIGNATURE _____ RELATIONSHIP _____

MAILING ADDRESS _____ TELEPHONE _____

FUNERAL HOME _____ STREET _____ CITY OR TOWN _____ STATE _____ ZIP _____

FUNERAL DIRECTOR'S SIGNATURE _____ TELEPHONE NUMBER _____ LICENSE NUMBER _____