

Lighthouse Crematory & Remembrance, Inc.

56 Durham Rd., Freeport ME 04032 207-865-5500 Fax: 207-865-0507
www.cremation-maine.com

Cremation No. _____

AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMAINS

I (We) the undersigned the (Authorizing Agent(s)), hereby authorize and request L.C.R.I. in accordance with and subject to any applicable Federal, State, or Local laws or regulations, to cremate the human remains of the decedent shown below, and to arrange the final disposition of the cremated remains, as set forth on this form.

DECEASED INFORMATION

A. IDENTIFICATION

Name of Decedent: _____ Date of Death: _____ Time: _____

Place of Death: _____ County: _____ State: _____

Sex: _____ Age: _____ Race: _____ Date of Birth: _____

Was the cause of death an infectious or contagious disease? If YES, Explain: _____

PACEMAKERS AND RADIOACTIVE IMPLANTS

B. ARTIFICIAL DEVICES

Certain implants, pacemakers, and nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subject to high heat. Please list any artificial devices implanted in or attached to the deceased or identify if the deceased was treated with any radioactive material.

Description of Devices Removed: _____

The undersigned Director, certifies that all such devices have been removed.

_____ The remains of the decedent do not contain any devices described in Section 1.B. on page 2
(Initials)

FINAL DISPOSITION OF CREMAINS

Delivery of the cremated remains to the US Postal Service for shipment via Next-Day Registered Return Receipt Mail to the name and address below. All shipping costs are the responsibility of the Authorizing Agent or the undersigned Director.

_____ Mail to: _____ Address: _____

(Relationship) OR

_____ Release to: _____

(Relationship)

AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, WE/I represent that we have the right to authorize the cremation of the Decedent remains and warrant: As Authorizing Agent, WE/I understand that any living person of any "Right of Decent" above or equal to, would have a superior or equal right to act as the Authorizing Agent.

Capacity: _____

WE/I do not have actual knowledge of the existence of any living person who has a superior or equal right to act as the Authorizing Agent. As such WE/I possess full legal authority and power according to the laws of the State of Maine. I am aware of no objection to this cremation by any next of kin.

LIMITATION OF LIABILITY

As the authorizing agent(s), I(We) hereby agree to indemnify, defend, and hold harmless L.C.R.I., it's agents, officers, 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 the authorization, including the failure to properly identify the decedent or the human remains transmitted to L.C.R.I. the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedents cremated remains, or any other action performed by L.C.R.I., it's officers, agents, or employees, pursuant to this authorization, excepting only acts willful negligence.

SIGNATURE OF AUTHORIZING AGENT(S) THIS IS A LEGAL DOCUMENT. IT CONTAINS PROVISIONS CONCERNING CREMATION.

CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Authorization for Cremation and Disposition, as the Agent(s) the under signed warrant that all representations, and statements contained in this form are true and correct, that these statements are made to induce L.C.R.I. to cremate the human remains of the decedent, and the undersigned has read and understands the provisions contained on this form.

FOR PRE-NEED PURPOSES ONLY: I DO I DO NOT wish to allow any of my next of kin or Authorized Agents the option changing or cancelling cremation or disposition and selecting arrangements they deem appropriate.

Name of Authorized Agent: _____ Signature: _____

Relationship to Decedent: _____ Executed On: _____

Address: _____ Phone: _____

Additional Authorized Agents Please write your name, address, phone, and relationship to the decedent on the reverse side.

Signature of Funeral Director: _____

Name and Address of Funeral Home: _____

Office use only

Agent _____ Cont. _____ WT. _____ Rec. _____ Rel. _____ St. _____