

MOUNT AUBURN CEMETERY ORDER FOR CREMATION

To The Proprietors of The Cemetery of Mount Auburn

580 Mount Auburn St., Cambridge, MA 02138

You are hereby authorized to cremate, subject to your Rules and Regulations, the remains of

_____ who was a resident of _____
 with the understanding that if no permanent disposition has been made within 30 days from the date of the cremation, then the cremated remains may be disposed of in any way the Cemetery deems advisable.

	DEATH	BIRTH	Disposition of Cremated Remains			
Date						
Hour		*****				
Place			Age at time of death	Years	Months	Days

I, the undersigned, hereby certify and represent that I am the LEGAL CUSTODIAN of the remains and have a right to make this authorization, that I am related to the deceased as indicated below, that the decedent had no objection to being cremated, and that the remains contain no heart pacemaker or other implants that could explode causing injury or damage during cremation. I further understand that due to the nature of the cremation process any valuable materials, including dental gold or other metals with the remains, will be either destroyed or not recovered in their original form and I hereby authorize the disposal by the Cemetery of any such material that may remain after the cremation process. Any personal possessions accordingly have either been removed or may be destroyed. I further understand that cremated remains are bone fragments which will be reduced in size and placed in a temporary container unless otherwise directed and if the capacity of this container is less than the amount of the cremated remains the Cemetery is hereby authorized to return said excess cremated remains in a second temporary container. I further agree to hold the Proprietors of Mount Auburn Cemetery harmless from any liability on account of said authorization.

Signature of

Legal Custodian* _____ Date _____

Address _____

Relationship of Signer to Deceased _____

Funeral Director _____

*Additional Statement (MUST BE INITIALED BY SIGNER)

AUTHORIZATION GIVEN BY FAX MUST BE NOTARIZED AND ORIGINALS SENT TO THE CEMETERY IMMEDIATELY FOLLOWING

Name of Deceased _____

Date of Cremation _____

Cremation Number _____

OFFICE RECORDS

COMPUTER

Entered Tel. Order _____

Cremation Date _____

Disposition Date _____

HARD COPIES

Decedent Card _____

Disposition _____

Permit Returned _____

Completed By _____

Checked By _____