



**Affordable Cremation**  
 www.affordablecremationCT.com  
 Tel: 855-347-2736

Connecticut Valley Crematory LLC  
 225 Shunpike Road  
 Cromwell, Connecticut

## AUTHORIZATION FOR CREMATION AND DISPOSITION (Please print or type)

I the undersigned (the "Authorizing Agent") hereby request and authorize Affordable Cremation CT to cremate and process the human remains of:

Name of Deceased: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Date and Time of Death: \_\_\_\_\_ a.m. / p.m.

Place of Death: \_\_\_\_\_

Herein referred to as the ("Decedent"), and to arrange the final disposition of the cremated remains as set forth in this form.

### AUTHORITY OF AUTHORIZING AGENT

I hereby certify that I am the next-of-kin to the Decedent and that I am related to the Decedent as his/her \_\_\_\_\_, that I have custody and control of the remains of the Decedent and as such possess the full legal authority and power granted to me by the laws and regulations of the State of Connecticut to arrange for the cremation of and disposition of the remains of the Decedent. Further, I am aware of no objection to this cremation by any other next-of-kin who may also have the legal authority to control the final disposition of the Decedent.

### PACEMAKERS AND RADIOACTIVE IMPLANTS

**ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO AFFORDABLE CREMATION CT.** I understand that the existence of a heart pacemaker, radiation-producing device, or any other device implanted in the Decedent could be explosive or dangerous if subjected to intense heat. If such a device exists I have instructed the funeral director or others 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 removing such a device, I will be liable for any damages or injury resulting from the presence of such device.

Please verify by initial: The Decedent does \_\_\_\_\_; or does not have \_\_\_\_\_ such a device.

### PERSONAL BELONGINGS

I understand that due to the nature of the cremation process any valuable material, including jewelry and dental gold, will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or may be destroyed in a non-recoverable manner \_\_\_\_\_.

### DISPOSITION

The cremated remains will be placed in a temporary crematory container )plastic or cardboard\_ or an urn. The cremated remains shall be released as follows (**check one**):

\_\_\_\_\_ Deliver cremated remains via registered first class mail to: \_\_\_\_\_

\_\_\_\_\_ Hold for pick-up by Funeral Director \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

**INDEMNITY**

I agree to indemnify, defend and hold harmless Affordable Cremation CT, its members, officers, agents and employees, from any and all claims, demands, 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 result of, based upon or connected with this authorization, including the failure to properly identify the Decedent of the human remains transmitted to Affordable Cremation CT, the processing, shipping and final disposition of the Decedent's cremated remains, the failure to take possession of or make proper arrangements for the 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 Decedent's cremated remains, or any other action performed by Affordable Cremation CT, its members, officers, agents or employees, pursuant to this authorization.

The undersigned warrant that all representations and statements contained on this form are true and correct, that these statements are made to induce Affordable Cremation CT to cremate and process the human remains if the Decedent, and that the undersigned has read and understand(s) the provisions contained in this form.

Executed at _____	this _____ day of _____, _____
X _____	X _____
Printed Name _____	Printed Name _____
Relationship _____	Relationship _____
Address _____	Address _____
_____	_____

Signature of Funeral Director as witness for signature of Authorizing Agent

X \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Funeral Home & Address \_\_\_\_\_

**FOR CREMATORY USE ONLY**

Received for cremation: \_\_\_\_\_  
Receptacle: cardboard container \_\_\_ hardwood casket \_\_\_ Other (specify) \_\_\_\_\_  
Date of Cremation: \_\_\_\_\_ Time of Cremation: \_\_\_\_\_ Operator: \_\_\_\_\_