

Sheridan Park Crematory

2600 Sheridan Drive
Tonawanda, NY 14150

CREMATION AUTHORIZATION

Date _____ Cremation No _____

Before cremation may take place, this authorization signed by a relative or legal representative of deceased, together with Burial Permit and fee for cremation, must be filed at the office of Sheridan Park Crematory.

The undersigned authorizes Sheridan Park Crematory, in accordance with an subject to its Rules and Regulations, to Cremate and Process the remains of _____ who died on the _____ day of _____, 20____ at _____

Last Address _____ Date of Birth _____ Age _____ Sex _____

Name & Relationship of next of kin _____

Address _____

And agree to be responsible for and pay all charges incurred with respect to this authorization. The remains will be delivered to the Crematory in a _____ Container with the Burial Permit required by New York State Public Health Laws.

The designated Funeral Home is _____

Address: _____

I further state that the cause of death () was () was not due to infectious or contagious disease

I understand that if I do not notify the Crematory about death by infectious disease, that I will be liable for any damages to the Crematory or injury to Crematory personnel.

The following disposition of the cremated remains is hereby designated and authorized:

- () Entombment or burial of remains in (Cemetery) _____
- () Delivery of the cremated remains to the undersigned or his/her stated designee via the US Postal Service overnight mail, return receipt requested and insured. Wherein the undersigned assumes all liability for any damages incurred in said shipment. Designated person for delivery shall be: _____
Address: _____ Phone: _____
The estimated cost for delivery will be \$ _____
- () Release of cremated remains to: _____
Address: _____
- () Retention of cremated remains for pick up by authorized person within 30 days following cremation. If the remains of the Deceased are not so disposed for more than 120 days after cremation, the Crematory may, without notice to me or any other person, dispose of them as it shall decide.

I hereby certify that I am related to the deceased or legal representative for the estate and I have the right to authorize this cremation, processing and disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. If the container or any portion thereof is not suitable for cremation; crematory may require remains to be removed to a suitable container, I understand that cremated remains are bone fragments, which will be reduced in size and placed in a temporary container or urn. Temporary containers provided by the crematory are sufficient in size for all cremated remains. In the event the capacity of the urn selected elsewhere is less than the volume of cremated remains, Sheridan Park Crematory is hereby authorized to return said excess cremated remains in a temporary container. As a relative or the legal representative of the deceased, I indemnify and hold harmless Sheridan Park Crematory and/or _____ Funeral Home for any claims that may be made against them by friends or family members of the decedent who may disagree with my decision to authorize this cremation.

The cremation of human remains containing a Heart Pacemaker or radiation producing implant of any kind can damage equipment and injure personnel and is prohibited by the rules of Sheridan Park Crematory. As consideration for the acceptance by Sheridan Park Crematory of the remains for cremation, the undersigned certifies and attests that all electronic devices, or radiation producing materials implanted in the remains have been removed.

Does the above human remains contain any type of Pacemaker, or radiation producing implant: Yes No

If a Pacemaker, or radiation producing implant is contained in the above Human remains:

"I hereby authorize the _____ Funeral Home, through its Authorized agent or employees, to remove the remains of _____

the device implanted therein by the _____ Hospital.

Signed: _____ Date: _____

Address: _____ Relationship: _____

AUTHORIZED BY: _____ Date: _____

Address: _____ Relationship: _____

WITNESS: _____ Date: _____

CERTIFICATION OF FUNERAL DIRECTOR

Notice to Funeral Director: The body of the deceased must be placed in a combustible casket or suitable container before it will be permitted in the Crematory.

This order, duly signed and witnessed with all blank spaces properly filled in, must accompany remains and be delivered to Sheridan Park Crematory office, together with the Burial Permit (Cremation Permit) required by Section 4145 of the NY Public Health Law.

Date _____ 20____ Funeral Director: _____

Funeral Home: _____ Address: _____