

**BROOKSIDE CREMATORY, LLC**

453 Christian Lane  
Berlin, Connecticut 06037

Certificate No. \_\_\_\_\_

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

I, the undersigned Authorizing Agent, hereby request and authorize Brookside Crematory, to cremate, process and disburse/release the human remains as instructed in this document of:

Name of Deceased \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

Address \_\_\_\_\_

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

Was death due to an infectious or contagious disease? \_\_\_\_\_ Cause of death (if known) \_\_\_\_\_

**AUTHORITY OF AUTHORIZED AGENT**

I hereby certify that I am the next-of-kin to the Deceased as his/her \_\_\_\_\_, that I have custody and control of the remains of the Deceased 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 and disposition of the remains of the Deceased. 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 Deceased.

**PACEMAKERS AND RADIOACTIVE IMPLANTS**

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING OF THE DECEASED FOR CREMATION TO THE BROOKSIDE CREMATORY. I UNDERSTAND that the existence of a heart pacemaker, radiation-producing device, or any other device implanted in the Deceased could be explosive and dangerous when exposed to intense heat.

Please verify and initial: The Deceased has \_\_\_\_\_ or does not have \_\_\_\_\_ such an implanted device to be removed.

**PERSONAL BELONGINGS**

I understand that due to the nature of the cremation process that any valuable material, including jewelry and dental gold, will either be destroyed or not recoverable. Please verify that any personal possessions have either been removed, or may be destroyed and/or unrecoverable. I also understand that it is the policy of Brookside Crematory to recover any orthopedic prosthetic implant remaining from the cremation process for the purpose of recycling, and that any proceeds resulting will be donated or disbursed at the discretion of Brookside Crematory.

X Signature: \_\_\_\_\_

**DISPOSITION**

The cremated remains of the Deceased will be placed in a temporary or permanent container and released as selected.

\_\_\_\_\_ Deliver to Funeral Director to hold for pick-up by: \_\_\_\_\_

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

**INDEMNITY**

As authorized Agent, I (We) agree to indemnify, defend, and hold harmless Brookside Crematory; It's 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 a result of, based upon or connected with this authorization including: the failure to positively identify the deceased or human remains delivered to Brookside Crematory and authorized for this cremation, the processing, delivery, shipping, and final disposition of the Decedent's remains, any damage due to harmful or exploding implants; Claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent's cremation remains, or any other action performed by the Crematory, it's officers, agents, or employees, pursuant to this authorization.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned understands that, in accordance with governing law and policy, the following conditions must be met before a cremation can take place: (1) 48 hours have elapsed since the time of death, (2) All civil and medical permits have been issued, (3) All authorizations have been obtained; And, as Authorizing Agent(s), warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Brookside Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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 and Address \_\_\_\_\_

**FOR CREMATORY USE ONLY:**

Received for cremation: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ by (Initials) \_\_\_\_\_

Receptacle: cardboard container \_\_\_\_\_ hardwood casket \_\_\_\_\_ other (specify) \_\_\_\_\_

Date of Cremation: \_\_\_\_\_ Time of Cremation: \_\_\_\_\_ Operator \_\_\_\_\_

WHITE - Crematory

YELLOW - Family

PINK - Funeral Home