



**CREMATION AUTHORIZATION**  
**Town of Duxbury**  
**DUXBURY CREMATORY**  
**(781) 934-5261**

<b>CREMATORY USE ONLY:</b>	
<b>Cremation No.:</b>	_____
<b>Date:</b>	_____
<b>Time:</b>	_____
<b>Unit:</b>	_____
<b>Ser. Code:</b>	_____

Authority is hereby granted to *DUXBURY CREMATORY* to cremate:

\_\_\_\_\_

*Full Name of Decedent*

\_\_\_\_\_

*Date of Death*

*Hour of Death*

*DUXBURY CREMATORY* is authorized to make the following disposition of cremated remains:

**RETURN TO:**

FUNERAL DIRECTOR: \_\_\_\_\_ FAMILY: \_\_\_\_\_ OTHER: \_\_\_\_\_  
*Authorized Recipient and Relationship* *Specify*

**MAIL TO:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*DUXBURY CREMATORY* assumes no responsibility after delivery to post office.

**Urn Information:** Cardboard \_\_\_\_\_ Plastic \_\_\_\_\_ Hardened Urn \_\_\_\_\_ Type of Urn \_\_\_\_\_  
**Requested Service:** Normal \_\_\_\_\_ 24 Hour \_\_\_\_\_ 48 Hour \_\_\_\_\_ Urn Brought to Crematory Y \_\_\_\_\_ N \_\_\_\_\_

*Normal Service* requires 3 to 4 business days. Provided all paperwork is accounted for 24 and 48 Hour Service is calculated from time of arrival, notice is requested to facilitate scheduling. *Duxbury Crematory* will make every attempt to fulfill all services as requested, but cannot guaranty said services in the event of mechanical failure, an "Act of God" or human error.

**Veteran Status:** WAR: \_\_\_\_\_ PEACETIME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

***A HEART PACEMAKER CAN BE EXPLOSIVE WHEN SUBJECTED TO THE HIGH TEMPERATURES OF THE CREMATION CHAMBER***  
 IF SUCH A DEVICE EXISTS, I HAVE INSTRUCTED THE FUNERAL DIRECTOR OR OTHERS TO REMOVE IT PRIOR TO THE CREMATION. I ALSO AGREE THAT IN THE EVENT OF MY FAILURE TO NOTIFY THE FUNERAL DIRECTOR OR ANY OTHERS RESPONSIBLE FOR THE REMOVAL OF SUCH A DEVICE, I WILL BE LIABLE FOR ANY DAMAGES TO THE CREMATORIUM OR INJURY TO CREMATORIUM PERSONNEL.

I state that the undersigned is the legal next-of-kin and I have full legal authority to order that this cremation be performed. I agree to hold harmless and indemnify against any loss or liability including costs, a reasonable attorney's fee and appellate costs therefore incurred by *Duxbury Crematory*, or any of its agents by reason of this authorization, and/or the disposition of the cremated remains.

I hereby authorize: MacKinnon Funeral Home, 760 Washington St., Whitman, MA 02382 to act as my representative  
*Name of Funeral Home*  
 and direct them to carry out the foregoing instructions.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Print Name & Relationship*

\_\_\_\_\_

*Print Name & Relationship*

\_\_\_\_\_

*Address*

\_\_\_\_\_

*Address*

\_\_\_\_\_

*City, State & Zip Code*

\_\_\_\_\_

*City, State & Zip Code*

\_\_\_\_\_

*Witness*

\_\_\_\_\_

*Witness*

\_\_\_\_\_

*Date Signed*

\_\_\_\_\_

*Date Signed*

**REPRESENTATIVE ACCEPTANCE:** I consent to act as representative for the person(s) whose signature appears above.

\_\_\_\_\_

*Signature of Funeral Director*

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*Print Name and License Number*

\_\_\_\_\_

*City, State & Zip Code*