

CREMATION  
NUMBER: \_\_\_\_\_

# CREMATION ORDER

The undersigned hereby requests and authorizes ALL FAITHS CEMETERY AND CREMATORY, in accordance with and subject to its rules and regulations, to cremate the remains of the following person:

Name of Deceased \_\_\_\_\_ Male ( ) Female ( )

late of \_\_\_\_\_ who died at \_\_\_\_\_

at \_\_\_\_\_ AM ( ) PM ( ) on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ aged \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Birthplace: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation: \_\_\_\_\_

The undersigned certifies and represents that he/she has the right to make such authorizations, and agrees to hold the Crematory harmless from any liability on account of said authorization and cremation, and directs that the cremated remains are to be disposed of in the manner prescribed below.

If disposition of the cremated remains is not decided upon at the time of cremation, the Crematory will hold the remains in storage for a period of 90 days at no charge. If no instructions are received within this period (90 days) the Crematory is given the authority to make disposition in any manner it sees fit.

**NO CREMATION SHALL TAKE PLACE UNTIL ALL FEES HAVE BEEN PAID.**

Signature of Next of Kin: \_\_\_\_\_

Relationship to Deceased (or other title conveying authority e.g. guardian) \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_ STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Date of Cremation: \_\_\_\_\_ Hour of Cremation: \_\_\_\_\_ Receptacle: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Name

Address

Phone

rev. 03/06