

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: Rice Funeral Home, 300 Park Ave, Worcester, MA 01609 (508)754-1673

Name

Address

Phone

rev. 03/06