

# RURAL CEMETERY CREMATORY

Proprietors of the Rural Cemetery in Worcester

#

AUTHORITY TO CREMATE  
FAX 508-754-0407

Worcester, MA 01605  
508-754-1313

The undersigned hereby requests and authorizes the RURAL CEMETERY CREMATORY, in accordance with and subject to its rules and regulations, to cremate the remains of \_\_\_\_\_

late of \_\_\_\_\_ who died on \_\_\_\_\_ at \_\_\_\_\_  
CITY OR TOWN DATE A.M.  
P.M.

in \_\_\_\_\_ aged \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
CITY OR TOWN

and certifies and represents that he or she has the right to make such authorization and agrees to indemnify and hold the Crematory harmless from any liability, cost, expenses or claims resulting from this authorization.

All non-combustible materials delivered with the body will be disposed of at the company's direction.

It is further agreed should arrangements for final disposition of the remains not be given within 30 days from date of cremation a fee of \$5.00 per month storage rental will be made for six months. If at that time no permanent provision has been made the Crematory may dispose of such cremated remains as and when convenient.

Relative or  
Legal Representative \_\_\_\_\_ Dated \_\_\_\_\_

Address \_\_\_\_\_ Relation to Deceased \_\_\_\_\_

Funeral Director and Address \_\_\_\_\_

(OVER)

DISPOSITION OF CREMATED REMAINS -

\_\_\_\_\_

If such disposition involves mailing, the undersigned instructs the Crematory to mail the  
cremains of \_\_\_\_\_

to \_\_\_\_\_

via Registered U.S. Mail. By this request I agree to assume all liability for any damages that  
may arise from any cause growing out of said delivery and to indemnify and hold harmless the  
Crematory and Funeral Director from any and all claims related to said mailing.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Cremated Remains are to be:

Picked up by Funeral Director on \_\_\_\_\_

Placed in Urn \_\_\_\_\_

Prepared for Scattering \_\_\_\_\_

Scattered by Crematory Personnel \_\_\_\_\_

Buried in \_\_\_\_\_

Other \_\_\_\_\_