

# Cremation Authorization

No: \_\_\_\_\_

## Harleigh Cemetery & Crematory

Date: \_\_\_\_\_

1640 Haddon Avenue, Camden, NJ 08103 - Tel.: 856-963-3500 - Fax: 856-963-0889

### Identification

Deceased: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Death: City/Township: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_  AM  PM Death Caused By Contagious Disease:  Yes  No

Was the decedent treated with radioactive therapy?  Yes  No  Unknown If yes, specify type: \_\_\_\_\_

### Authority of Authorizing Agent

I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her \_\_\_\_\_ or that I otherwise serve (served) in the capacity of \_\_\_\_\_ to the decedent, that I have full legal authority and power, according to the laws of the state of \_\_\_\_\_, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

INITIALS: \_\_\_\_\_  
Authorizing Agent(s)

### Limitation of Liability

I authorize the crematory to reduce the cremains to particles of uniform size and to carry out one of the dispositions stated below. All non-combustible materials delivered with the remains will be disposed of by the Crematorium. I hereby agree to indemnify and keep harmless Harleigh Cemetery & Crematory and its representatives for and from all liability due to said authorization, cremation and disposition of the cremated remains as stated herein.

### Final Disposition

After the cremation has taken place, Harleigh Cemetery & Crematory will arrange for the disposition of the cremated remains as follows:

Ship through U.S. Postmaster via Registered Mail. Mail to: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Release to representative of the Funeral Home (to be picked up within 20 business days)

### Signature of Authorizing Agents(s)

*THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS FINAL AND IRREVERSIBLE.  
READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.*

By executing this Cremation Authorization Form, the undersigned warrant that all statement and representations are true and correct.

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

1) Name of Authorizing Agent \_\_\_\_\_ Signature of Authorizing Agent \_\_\_\_\_  
Relationship to Deceased \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Name of Authorizing Agent \_\_\_\_\_ Signature of Authorizing Agent \_\_\_\_\_  
Relationship to Deceased \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Funeral Director's Verification

I certify that the information given on this form is true, to the best of my knowledge and Harleigh Cemetery & Crematory's rules and regulations have been followed in preparing the body for cremation. All pacemakers, prostheses and silicon and radioactive implants, if any, have been removed. I further certify that the process has been properly explained to the family.

\_\_\_\_\_  
Funeral Home \_\_\_\_\_ Funeral Director's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ License No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment

Amount: \$ \_\_\_\_\_ Method of Payment:  Cash  Check No.: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received by: \_\_\_\_\_  
Harleigh Representative

### Receipt for Cremated Remains

Cremated remains of deceased picked up from Harleigh Cemetery & Crematory this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by,

\_\_\_\_\_  
Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

# Harleigh Cemetery & Crematory Cremation Requirements and Procedures

Harleigh Cemetery & Crematory will perform the cremation of the deceased's remains in accordance with all governing laws, and the policies, procedures and requirements of Harleigh and the designated funeral home.

## **PLEASE READ THE REQUIREMENTS AND PROCEDURES CAREFULLY AND THOROUGHLY BEFORE SIGNING**

*If you have additional questions or concerns call us at 856-963-3500*

### Requirements for Cremation

*Harleigh Cemetery & Crematory will only perform the cremation when ALL of the following requirements have been met:*

- 1) At least 24 hours have passed since the time of death.
- 2) Any and all viewings and ceremonies have been completed.
- 3) All governing civil and medical authorities have issued the required permits.
- 4) The necessary authorizations have been fully executed and no objections have been made.
- 5) Payment for services has been made in full or the proper PA11 (or other Medicaid Claim Forms) have been submitted (applicable in NJ State Only).



Harleigh's Chapel is available for your use.

### Containers/Caskets

A casket or alternative container is required for cremation. Harleigh will not accept metal caskets. All wooden caskets and alternative containers must meet the following criteria:

- 1) Composed of materials suitable for cremation;
- 2) Completely enclose the human remains;
- 3) Resistant to spillage or leakage;
- 4) Easy to handle; and
- 5) Provide protection for the health and safety of crematory personnel.

Some "combustible" cremation containers may contain non-combustible materials such as rails or decorative hardware and may cause damage to the cremation equipment. Harleigh reserves the right to remove such non-combustible items prior to cremation and discard them in a non-recoverable manner.

### Prostheses, Pacemakers & Radioactive Devices

Mechanical and radioactive devices or implants (including pacemakers and prostheses) in the decedent can create a hazardous condition when placed in the cremation chamber. All such devices must be removed prior to cremation. If the funeral home is not notified about such devices and/or implants, and as such does not remove same, then the Authorizing Agent(s) will be responsible for any damages caused to the property and/or personnel of Harleigh Cemetery & Crematory by such devices or implants.

### Time of Cremation

Harleigh Cemetery & Crematory is authorized to perform the cremation upon receipt of the remains in accordance with its own time schedule without obtaining further authorization or instruction unless prior arrangements have been made.

### Witnessing

Harleigh Cemetery & Crematory will allow the witnessing of the casket or container being placed in the cremation chamber providing a "Hold Harmless Agreement" has been executed and an appointment was made prior to the decedent's arrival at the crematory.

### Cremation Process

Due to the nature of the cremation process any valuable and/or personal items (including but not limited to, jewelry, prostheses, dental gold) that are not removed from the casket will be destroyed or disposed of by Harleigh Cemetery & Crematory in a non-recoverable manner. Arrangements **MUST** be made with the funeral home for removal of such possessions prior to arrival at the crematory.

All non-combustible material (such as dental items and casket/container hardware) will be separated and removed from the cremains by either visible or magnet means and will be disposed of in a non-recoverable manner.

### Urns and Other Containers

The cremated remains will be placed in the designated urn or container. In the event the selected urn or container is not of an adequate size, the excess will be placed in a separate receptacle. The additional container will be kept with the primary remains container or urn and handled according to the disposition instructions on the Cremation Authorization Form.

### Limitation of Liability

The obligations of Harleigh Cemetery & Crematory are limited to the cremation and disposition of the decedent's remains as authorized at the time of execution of the Cremation Authorization Form. No warranties, either expressed or implied, are made and damages shall be limited to the amount of the cremation fee paid.

**WITNESS AUTHORIZATION FORM**

The undersigned hereby warrants that they have authorized the cremation of \_\_\_\_\_ (decedent) and request the Harleigh Crematory for permission for the following people to witness the cremation services of the decedent, to be held at the Crematory on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

The undersigned hereby confirms that they understand there is limited space in the Crematory, that witnessing the cremation of the decedent is a privilege, that the Crematory can be a dangerous place and they will not engage in any activities that will endanger themselves or anyone else present at the Crematory for the cremation services of the decedent. The undersigned, in consideration of the Crematory's consent to witness the cremation of the decedent, agrees to comply with all of the Crematory's rules and regulations related thereto, a copy of which is attached hereto.

Further, the undersigned on behalf of themselves, their immediate family and their relatives agrees to hold harmless and to indemnify the Crematory from any claim, action, liability, costs, agents expenses or legal fees with respect to all claims of any nature whatsoever made by any person or entity, including their immediate family, relatives of the immediate family and relatives of the decedent arising out of any actions taken by the Crematory pursuant to the Witness Authorization Form or the cremation services performed on decedent.

In the event this witness authorization is executed by more than one person, the singular shall include the plural, and each shall be jointly and severally liable for all representations and warrants and indemnifications contained in this Authorization. If this witness authorization is executed by a legally authorized party on behalf of a group of people that will be witnessing the cremation of the decedent, then that party, as the undersigned, hereby confirms that they are legally authorized to act on behalf of the group they are representing and will be responsible and hold Crematory harmless for the actions of the group or any member thereof.

Date: \_\_\_\_\_

\_\_\_\_\_  
Person Authorizing Cremation

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

## CREMATORY WITNESS RULES AND REGULATIONS

The Crematory is not generally open to the public and witnesses to a cremation are only allowed for religious or other similar good cause and only with the consent of the Crematory. Because witnessing a cremation is a privilege, the following Rules and Regulations have been adopted by Crematory for the mutual protection of its employees and of all persons who are authorized to witness a cremation service at the Crematory:

1. No person may witness a cremation unless they are a close relative of the decedent, a close friend of the decedent, a member of the clergy who officiated the funeral or memorial services for the decedent, and they or someone legally authorized on their behalf, executed an approved Witness Authorization Form from the Crematory.
2. Witnesses must comply with the instructions of Crematory personnel at all times.
3. Witnesses shall remain at the approved location for viewing of cremation services.
4. Upon advance notice to Crematory and with its consent, one Witness may be designated to start the cremation unit for the cremation.
5. No witnesses, other than the one designated to start the cremation unit, may be near the cremation unit.
6. Witnesses shall maintain the decorum required for a ceremony of this kind and may be removed by Crematory personnel for any violations.
7. Children, other than members of the immediate family of the decedent, will not be allowed to witness the cremation service.
8. Because of the limited facilities of the Crematory for witnessing, any person who has any physical limitations must notify the Crematory of those limitations and any special requirement in advance. If the crematory is not notified in advance, it reserves the right to restrict the witnessing by that person if it is unable to reasonably accommodate their special requirements and that time.
9. Witnessing a Cremation can be an emotional experience. Because witnessing a Cremation is a privilege, Witnesses are assuming the risks involved and understand the Crematory has no responsibility or liability with respect to the process.

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