AUTHORITY TO CREMATE

To:
POUGHKEEPSIE RURAL CEMETERY
P.O. Box 977
Poughkeepsie, New York 12602
(845) 454-6020

Permit No. .....

Dated ..... 20 .....

The undersigned hereby requests and authorizes, in accordance with and subject to your rules and regulations as well as those of the State of New York to cremate the remains and casket containing same of .....
who died at .....
on the ..... day of ....., 20 .....
and certifies and represents that he or she has the right to make such authorization and agrees to hold the Crematorium, Funeral Home and Funeral Director harmless from liability on account of said authorization.

Witness: .... (Signature of Relative or Legal Representative)

..... Address .....

Funeral Director ..... City ..... State .....

Firm .... (What Relation to Deceased or Authority to Sign)

INSTRUCTIONS
Disposition of Cremains

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NOTICE

Some heart Pacemakers can be dangerous when placed in a cremation chamber. All heart Pacemakers must be removed before cremation in Poughkeepsie Rural Cemetery. If not removed, the family shall be held responsible for any damage resulting, and crematory will not be responsible or accept liability under those circumstances.