

H.G. SMITH CREMATORY

Cremation Services

MAILING ADDRESS
2120 NORTH FIFTH STREET
STROUDSBURG, PA 18360

Located in the Stroudsburg Cemetery
Dreher Avenue, Stroudsburg, PA

570-420-9599
FAX: 570-420-8602

AUTHORIZATION AND RELEASE

THE UNDERSIGNED hereby authorizes H. G. SMITH CREMATORY in accordance with its rules and regulations to cremate the remains of

_____ who died on _____

20_____.

I HEREBY CERTIFY AND WARRANT that I have authority to authorize and consent to said cremation. I further agree that I will indemnify and hold harmless H. G. SMITH CREMATORY from any claims to the contrary.

I DIRECT the cremated remains to be sent to the following individual: _____

at the following address: _____

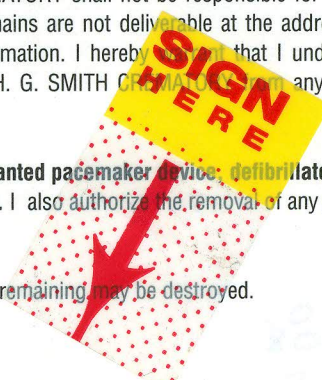
via certified mail, U.S. Postal Service or other like delivery service.

IF SAID REMAINS are not deliverable at the address provided, I understand that H. G. SMITH CREMATORY shall not be responsible for loss or destruction of said remains nor will H. G. SMITH CREMATORY be responsible for storage of said remains. If said remains are not deliverable at the address provided by me, I authorize H. G. SMITH CREMATORY to dispose of said remains after thirty (30) days from date of cremation. I hereby agree that I understand the means of shipment of remains and hereby agree to hold H. G. SMITH CREMATORY harmless and to indemnify H. G. SMITH CREMATORY from any claims or liability for said shipment.

I HEREBY REQUEST THE FUNERAL DIRECTOR to remove from decedent **prior to cremation, any implanted pacemaker device, defibrillator or any other battery operated device which may interfere with the cremation process or cause damage to the cremation unit.** I also authorize the removal of any portion of the container or casket prior to cremation that may interfere with the the cremation process.

I WARRANT that all personal possessions have been removed from said decedent. Any personal items remaining may be destroyed.

I HEREBY CERTIFY that I have read the foregoing and understand its meaning and content.



X
Signature

Relationship to Decedent

Telephone Number

Name (print clearly)

Witness

Street Address

Date

City, State, Zip

IF NOT WITNESSED BY FUNERAL DIRECTOR, SIGN IN PRESENCE OF NOTARY PUBLIC.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

WHITE COPY — H.G. Smith Crematory

YELLOW COPY — Funeral Director

PINK COPY — Family