

# Arlington Crematory, Inc.

2313 51<sup>st</sup> Place  
Hyattsville, Maryland 20781  
(301) 772-6620

## CREMATION AUTHORIZATION

The undersigned hereby requests and authorizes the Arlington Crematory, Inc., in accordance with and subject to its rules and regulations, to cremate the remains of \_\_\_\_\_ who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ am/pm, and certifies and represents that he or she has the right to make such authorization, and agrees to hold the Arlington Crematory, Inc. harmless from any liability on account of said authorization and cremation.

\_\_\_\_\_  
Signature Name of Relative or Legal Representative

\_\_\_\_\_  
Witnessed by:

\_\_\_\_\_  
Print Name of Relative or Legal Representative

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Relationship or Authority to Sign

**IMPORTANT:** Maryland Law (Chapter 54, Acts of 1976; Maryland Code, Article 43, Section 367A) states that a deceased human body may not be cremated until 12 hours after death.

I/we verify the Funeral Home and Morticians of the existence of, and require them to remove, any pacemakers and radioactive implants, prior in delivering the above named decedent to Arlington Crematory, Inc. My initials below indicate the circumstances regarding this matter.

\_\_\_\_ I/we affirm there are no pacemakers or radioactive implants in the body of the above named decedent, In accordance to the aforementioned I assume all responsibility for damage to Arlington Crematory, Inc. personnel and equipment for pacemakers or radioactive implants not removed.

\_\_\_\_\_  
Signed by:

For crematory use only

Date of Cremation: \_\_\_\_\_

Time of Cremation: \_\_\_\_\_

Cremation Number: \_\_\_\_\_

Signature of Crematory Operator: \_\_\_\_\_