

Office Use Only CREMATION NUMBER	Office Use Only Date Rec'd: _____ Date Cremated: _____ Time Cremated: _____
	Remains received in (check one): Minimal Container _____ Pine/Plywood Container/Casket _____ Hardwood Casket _____

THE MOUNTAIN GROVE CEMETERY ASSOCIATION CREMATION AUTHORIZATION FORM

This authorization form must be completed in its entirety and sent to the Administrative Office in order to be placed on our Crematory schedule. The undersigned hereby requests and authorizes The Mountain Grove Cemetery Association in accordance with and subject to its rules and regulations, to cremate the remains of the following person:

NAME OF DECEASED: _____			SEX: _____
_____	_____	_____	
First	M.I.	Last	

Late Residence (City, State / Country) _____		
Place of Death (City, State / Country) _____		
Cause of Death _____		
Was death due to an infectious or contagious disease? Yes _____ No _____		
Was the decedent treated with therapeutic radionuclides? Yes _____ No _____ Treatment date: _____		
Are there any surgical implants; i.e., pacemaker _____ radioactive implants _____ other _____		
Date of Death _____	Date of Birth _____	Age _____
Time of Death _____	Single _____ Married _____ Widowed _____ Divorced _____	
Birthplace _____	Occupation _____	
<i>The undersigned agent certifies and represents that they have the right to make such authorization, and agrees to hold the Association harmless from any liability on account of said authorization and cremation, and directs the disposition of the cremated remains in the following manner (MUST SELECT ONE):</i>		
Return to Funeral Home <input type="checkbox"/>	Placement/Burial at MGCA <input type="checkbox"/>	Mail <input type="checkbox"/> (MUST COMPLETE PAGE 3)
Authorizing Agent's Name _____		Relationship _____
Address: _____		
Telephone: _____		Email: _____
Authorizing Agent's Signature _____		Date _____

Funeral Director: _____		
Remains delivered in (check one): Minimal Container _____ Pine/Plywood Container/Casket _____ Hardwood Casket _____		
Please provide the manufacturer and model of container or casket: _____		
<i>The undersigned Funeral Director certifies and represents that they have complied with all of the Requirements of the Mountain Grove Crematory as specified on page 2 of this Cremation Authorization Form.</i>		
Funeral Director's Signature _____		Date _____

Office Use Only CREMATION NUMBER	
-------------------------------------	--

THE MOUNTAIN GROVE CEMETERY ASSOCIATION
CREMATION AUTHORIZATION FORM

NAME OF DECEASED: _____			SEX: _____
_____	_____	_____	
First	M.I.	Last	

REQUIREMENTS OF THE MOUNTAIN GROVE CREMATORY

In accordance with the requirements of the Connecticut Department of Energy & Environmental Protection Bureau of Air Management (Town Permit Nrs. 015-0302 and 015-0303) notice is hereby given of the following:

1. Mountain Grove Cemetery Association can only allow the following materials to be charged into the crematory retorts:

- a. Remains of deceased humans, not otherwise determined to be medical or infectious waste;
- b. Cremation containers made out of cardboard, medium density fiberboard, plywood, or pressboard;
- c. Wooden caskets designed and marketed for cremation, which shall not contain plastics, flame retardant or resistant materials, metallic laminate or metallic ornaments;
- d. Plastic film, containing no more than 5% polyvinyl chloride (PVC), and that meets the Connecticut Department of Public Health specifications;
- e. Post mortem bags and pouches that contain no more than 5% PVC; and
- f. Bedding and personal effects that are required to be enclosed with the decedent in accordance with state or federal public health standards.

2. Mountain Grove Cemetery Association cannot allow the charging of:

- a. medical or infectious waste;
- b. pacemakers;
- c. fiberglass caskets or coffins;
- d. metal caskets or coffins;
- e. lacquer / varnish / shellac covered caskets or coffins;

Office Use Only CREMATION NUMBER	
-------------------------------------	--

**THE MOUNTAIN GROVE CEMETERY ASSOCIATION
CREMATION AUTHORIZATION FORM**

NAME OF DECEASED:	SEX: _____
_____	_____
First	M.I. Last

MAILING INSTRUCTIONS FOR CREMATED REMAINS

Mailing instructions **REQUIRE THE SIGNATURE** of the authorizing agent. Please read these mailing procedures and provide mailing information below.

STANDARD MAILING PROCEDURE OF MGCA

The U.S. Postal Service is the only shipper that allows the shipment of cremated remains via Priority Mail Express service. Mailing is limited to the continental U.S. including Alaska and Hawaii. Type of container to be mailed is restricted to MGCA standard temporary container **ONLY**. A tracking number will be provided to the funeral director upon request. Please contact the cemetery office for the current mailing charge.

I desire to send the cremated remains of _____ (deceased) to the following address via prepaid U.S. Postal Service Priority Mail Express:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

I hereby appoint you as my agent to ship said cremated remains in my name as consignor. It is fully understood that the Association's services have been fully completed at the time the cremated remains leave the crematory, and the shipping as above directed is my act as principal, and at my risk. Any services The Mountain Grove Cemetery Association may render in connection therewith are as my agent only, and for my accommodation.

Authorizing Agent's Signature _____ Date _____