

Office Use Only CREMATION NUMBER	Office Use Only Date of Cremation: _____ Time of Cremation: _____
	Remains received in: Minimal <input type="checkbox"/> Pine/Plywood <input type="checkbox"/> Hardwood <input type="checkbox"/> Container Container/Casket Casket

The Mountain Grove Cemetery Association

CREMATION AUTHORIZATION

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: _____
Late Residence _____		
Place of Death _____		
Date of Death _____	Time of Death _____ AM PM	
Date of Birth _____	Age: _____	Single ___ Married ___ Widowed ___ Divorced ___
Birthplace: _____		Occupation: _____
Funeral Home _____		

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 manner prescribed below:

Return to Funeral Home: Placement/Burial at MGCA: Mail: (see instructions)

If disposition of the cremated remains is not decided upon at the time of cremation, the Association will hold the cremated remains in storage for a period of ninety days at no charge. If no instructions are received within this period (90 days) the Association is given the authority to make disposition in any manner it sees fit.

Agent's Signature _____ Relationship _____

Address: _____

Telephone with Area Code: _____ Date: _____

Mailing Instructions require the **SIGNATURE** of the authorizing agent. Please read mailing procedures and provide mailing information on reverse side of this form.