

# Application for Cremation

Chipman Funeral Home & Crematorium

28 Northrup Drive

Chipman, NB E4A 2P7

Tel: (506) 339-6612

Fax: (506) 339-5130

I, the undersigned authorize Chipman Funeral Home Ltd and Crematory to cremate the remains of:

\_\_\_\_\_  
Residence of Deceased \_\_\_\_\_

Who Died at \_\_\_\_\_ On \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Type of Casket \_\_\_\_\_ Embalmed \_\_\_\_\_ Yes \_\_\_\_\_ No

**(Must be made of wood or other combustible material)**

I understand that pursuant to legislation and/or the Company's regulations no cremation may take place:

- a) Unless a duly executed burial permit has been delivered to the Company;
- b) Unless a certificate under the coroner's act be signed by a coroner and delivered to the company.
- c) Within 48 hours after death, unless otherwise ordered by a local board of health.

I agree that any cremation made pursuant to this application shall be governed by the regulations and tariff of rates for the crematorium at the time of cremation.

I order the following disposition, and agree to indemnify the Company from any claim incurred in the performing of it.

**Release Urn to:** Name \_\_\_\_\_

Address \_\_\_\_\_

Via \_\_\_\_\_

I hereby certify that I have the right to authorize the cremation and the disposition of the remains and I agree to hold the company and Funeral Director harmless from liability resulting from this authorization.

I further state that the deceased has not had implanted a **heart pacemaker, radiation producing device nor any other life sustaining device that could be explosive.** If such a device exists, I have instructed the funeral director or another competent person to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such a device, I will be liable for any damages to the crematorium or injury to persons.

Pace Maker or other device that could be explosive Yes \_\_\_\_\_ NO \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Witness \_\_\_\_\_

Executor Yes \_\_\_\_\_ No \_\_\_\_\_ Or Next of Kin (relationship) \_\_\_\_\_

Address \_\_\_\_\_

Funeral Home \_\_\_\_\_ Funeral Director \_\_\_\_\_

Delivered by \_\_\_\_\_ Date \_\_\_\_\_

Date and Time Required \_\_\_\_\_