

Office Use Only CREMATION NUMBER	Office Use Only		
	Date Rec'd: _____	Date Cremated: _____	Time Cremated: _____
Remains received in: Minimal <input type="checkbox"/> Pine/Plywood <input type="checkbox"/> Hardwood <input type="checkbox"/> Container Container/Casket Casket w/springs			

THE MOUNTAIN GROVE CEMETERY ASSOCIATION **CREMATION AUTHORIZATION**

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 _____					
Place of Death _____					
Cause of Death _____					
Date of Death _____		Date of Birth _____		Age _____	
Time of Death _____		Single _____ Married _____		Widowed _____ Divorced _____	
Birthplace _____			Occupation _____		
Funeral Home _____					
Remains placed in (check one): Minimal <input type="checkbox"/> Pine/Plywood <input type="checkbox"/> Hardwood <input type="checkbox"/> Container Container/Casket Casket w/springs					

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 PAGE 2)

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 Name _____ **Relationship** _____

Agent's Signature _____

Address: _____

Telephone: _____ **Date:** _____

MAILING INSTRUCTIONS

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

I desire to send the cremated remains of _____ (deceased)
to the following address:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

via prepaid **U.S. Postal Service Priority Mail Express and 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.

Signed _____ Dated _____

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. A tracking number will be provided to the funeral director upon request. Please contact the cemetery office for the current mailing charge.**