

SHORELINE CREMATION

P.O. BOX 2477 • BRANFORD, CT 06512 • PHONE/FAX: 888-429-5484
EMAIL: Info@shorelinecremation.com WEBSITE: shorelinecremation.com

Date: _____

To: Shoreline Cremation:

This is to advise that I/we, _____ herby give permission to Shoreline Cremation, LLC and its staff to be the authorizing agents on my/our behalf for the cremation of _____ who's date of birth is _____ and date of death is _____. We also acknowledge should any information provided by me/us regarding a pacemaker incorrect, causing damages by said pacemaker to the crematory retort will be my/our (signing party) responsibility to said retort. Furthermore, any addendums required to be made to the certified death certificate due to any mistakes caused by me/us will be fixed at my/our expense; contrary any addendums required to be made caused by Shoreline Cremation, LLC will be at the expense of Shoreline Cremation, LLC.

Next of Kin (Signature)	Print Name		
Street Address	City	State	Zip Code
Telephone Number(s)	Home	Cell	

If applicable, use next set of lines for another authorizer. Should there be more than one child, please use another piece of paper or have them email the funeral home giving permission to cremate.

Next of Kin (Signature)	Print Name		
Street Address	City	State	Zip Code
Telephone Number(s)	Home	Cell	

****Please Include a copy of a photo (copy must be clear), with this paperwork or email a digital photo for us to identify the decedent. All emails can be directed to: info@shorelinecremation.com.**