

Oak Grove Crematory

760 First Avenue
West Haven, Connecticut 06516

----Cremation Order----

Name of Deceased : _____ Age: _____ (Male/Female)
Legal Address : Street: _____ Apt. # _____
City : _____ State _____ Zip _____
Date of Death : _____ Time of Death : _____ (am / pm)
Embalmed : Yes _____ No _____ Pacemaker : Yes _____ No _____
Approximate Weight : _____ Approximate Height : _____

All Cremations are performed individually. No responsibility is taken as to the identification of the individual or for valuables including but not limited to jewelry or dental gold, which will not be recoverable due to the cremation process. It is also assumed by Oak Grove Crematory that the Cremation has been agreed upon by all legal next of kin.

When Cremains are sent through courier service, shipment is via registered return receipt. Oak Grove Crematory shall be held harmless for any/and all claims that may arise from the shipment of cremains.

The undersigned acknowledges that there is no Pacemaker, Radioactive Implants, or any other device that could be damaging to the retort.

The undersigned have read and understood the foregoing and agree to all of the terms and conditions therein.

Funeral Home

Next of Kin / Relationship

Funeral Director

Next of Kin / Relationship

License Number

Next of Kin / Relationship

To be completed by Oak Grove Crematory

Cremation Disk Number _____

Cremation Operator _____ Retort No. _____

Date of Cremation _____ Time of Cremation _____ (am/pm)