

HILLCREST CEMETERY AND CREMATORY

216-721-5610
Fax: 216-707-3124

26700 Aurora Road
Bedford Heights, Ohio 44146
Tel: 440-232-0035 Fax: 440-232-3116

AUTHORIZATION FOR CREMATION

Date _____

Name of Deceased _____

Address of Deceased _____

Funeral Director Charles W. Taylor Telephone _____

Funeral Home Taylor Funeral and Cremation Service 1881-1883 East Aurora Road, Route 82, Omni Park II

Date Deceased _____

Next of Kin _____

Relationship _____

Address _____ Telephone _____

The undersigned hereby requests and authorizes the Hillcrest Crematory, subject to its rules and regulations, to cremate the remains of the above and certified that he or she has the right to make such authorization, and agrees to hold the crematory harmless from any liability on account of said authorization and cremation. I further agree to provide for the disposition of said Cremated Remains within sixty (60) days from the date of the cremation.

Signature _____

Relationship _____

This order, fully signed, must accompany the remains and be delivered to the Crematory, together with the Board of Health Cremation permit before cremation can be performed.