

This order properly filled out must be given to the cemetery before cremations may commence.

**THE PROPRIETORS OF SWAN POINT CEMETERY**  
**585 BLACKSTONE BLVD., PROVIDENCE, RI 02906 • Telephone No. 401.272.1314**

**CREMATION ORDER**

The undersigned hereby requests and authorizes **SWAN POINT CEMETERY**, in accordance with and subject to its rules and regulations, pursuant to the Rhode Island General Laws to cremate the remains of

.....  
(name)  
late of .....  
(street) (city or town) (state)  
born in ..... On .....  
(city and state) (month) (day) (year)  
died in ..... On .....  
(city and state) (month) (day) (year)  
at ..... AM  
PM age .....  
parents' names .....  
husband's or wife's name .....  
(maiden name)

cause of death .....

I am / we are authorized to sign this Cremation Order because I am / we are:

- ( ) The surviving spouse of the deceased.
- ( ) All of the surviving children of the deceased and the deceased left no surviving spouse.
- ( ) Other (describe) .....

The undersigned instructs the Cemetery to make the following disposition of the cremated remains:

.....  
If no such instructions are forthcoming, the Cemetery shall, without assuming any liability for the same, assess the necessary charges for interring the remains in land designated for such purpose. However, said interment will not be made for a period of thirty (30) days, thereby permitting the heirs an opportunity to choose an alternate disposition.

If such disposition involves shipping, the undersigned hereby authorizes the Cemetery to ship the cremated remains via Registered U.S. Mail at the expense of the undersigned. The undersigned acknowledges that due to the nature of the cremation process certain materials, including dental gold, jewelry may be destroyed or rendered impossible to recover. **THE UNDERSIGNED AGREES TO ARRANGE FOR THE REMOVAL OF A PACEMAKER, RADIOACTIVE IMPLANTS, RADIOACTIVE DEVICE, OR ANY SUCH MECHANICAL DEVICES PRIOR TO CREMATION. FAILURE TO REMOVE THESE ITEMS MAY RESULT IN HARM TO THE CREMATORY OR CREMATORY PERSONNEL.**

( ) I / we authorize the crematory to dispose of and/or recycle any noncombustible items including but not limited to hinges, latches, nails, screws, staples, plates, metal prosthesis or implant.

The undersigned will indemnify and hold harmless (a) the Cemetery from any damage or injury resulting from the failure to remove implanted devices, and (b) the Cemetery and the funeral director designated below from any and all loss or damage (including reasonable attorney's fees) on account of claims of others arising out of actions taken by the Cemetery or the funeral director in connection with this cremation order including claims arising out of the shipment of cremated remains or the destruction of materials.

I / We certify that the foregoing statements are true.

**\* For cemetery use only**  
Cremated \_\_\_\_\_ No. \_\_\_\_\_  
Disposition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Rev. Date: August 2011

Date of signature(s) \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Funeral Director \_\_\_\_\_

(If additional space is required, please use reverse side)

No. ....

**CREMATION ORDER**

Signature

Address

---

---

---

This order properly filled out must be given to the cemetery before cremations may commence.

**THE PROPRIETORS OF SWAN POINT CEMETERY**  
585 BLACKSTONE BLVD., PROVIDENCE, RI 02906 • Telephone No. 401.272.1314

**CREMATION ORDER**

The undersigned hereby requests and authorizes **SWAN POINT CEMETERY**, in accordance with and subject to its rules and regulations, pursuant to the Rhode Island General Laws to cremate the remains of

.....  
(name)  
late of .....  
(street) (city or town) (state)  
born in ..... On .....  
(city and state) (month) (day) (year)  
died in ..... On .....  
(city and state) (month) (day) (year)  
at ..... AM  
PM age .....  
parents' names .....  
husband's or wife's name .....  
(maiden name)

cause of death .....

I am / we are authorized to sign this Cremation Order because I am / we are:

- ( ) The surviving spouse of the deceased.
- ( ) All of the surviving children of the deceased and the deceased left no surviving spouse.
- ( ) Other (describe) .....

The undersigned instructs the Cemetery to make the following disposition of the cremated remains:

.....  
If no such instructions are forthcoming, the Cemetery shall, without assuming any liability for the same, assess the necessary charges for interring the remains in land designated for such purpose. However, said interment will not be made for a period of thirty (30) days, thereby permitting the heirs an opportunity to choose an alternate disposition.

If such disposition involves shipping, the undersigned hereby authorizes the Cemetery to ship the cremated remains via Registered U.S. Mail at the expense of the undersigned. The undersigned acknowledges that due to the nature of the cremation process certain materials, including dental gold, jewelry may be destroyed or rendered impossible to recover. **THE UNDERSIGNED AGREES TO ARRANGE FOR THE REMOVAL OF A PACEMAKER, RADIOACTIVE IMPLANTS, RADIOACTIVE DEVICE, OR ANY SUCH MECHANICAL DEVICES PRIOR TO CREMATION. FAILURE TO REMOVE THESE ITEMS MAY RESULT IN HARM TO THE CREMATORY OR CREMATORY PERSONNEL.**

( ) I / we authorize the crematory to dispose of and/or recycle any noncombustible items including but not limited to hinges, latches, nails, screws, staples, plates, metal prosthesis or implant.

The undersigned will indemnify and hold harmless (a) the Cemetery from any damage or injury resulting from the failure to remove implanted devices, and (b) the Cemetery and the funeral director designated below from any and all loss or damage (including reasonable attorney's fees) on account of claims of others arising out of actions taken by the Cemetery or the funeral director in connection with this cremation order including claims arising out of the shipment of cremated remains or the destruction of materials.

I / We certify that the foregoing statements are true.

<p><b>* For cemetery use only</b></p> <p>Cremated _____ No. _____</p> <p>Disposition _____</p> <p>_____</p> <p>_____</p> <p>Remarks _____</p> <p>_____</p> <p>_____</p> <p>Rev. Date: August 2011</p>
---

Date of signature(s) \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Funeral Director \_\_\_\_\_

(If additional space is required, please use reverse side)

This order properly filled out must be given to the cemetery before cremations may commence.

**THE PROPRIETORS OF SWAN POINT CEMETERY**  
**585 BLACKSTONE BLVD., PROVIDENCE, RI 02906 • Telephone No. 401.272.1314**

**CREMATION ORDER**

The undersigned hereby requests and authorizes **SWAN POINT CEMETERY**, in accordance with and subject to its rules and regulations, pursuant to the Rhode Island General Laws to cremate the remains of

.....  
(name)  
late of .....  
(street) (city or town) (state)  
born in ..... On .....  
(city and state) (month) (day) (year)  
died in ..... On .....  
(city and state) (month) (day) (year)  
at ..... AM  
PM age .....  
parents' names .....  
husband's or wife's name .....  
(maiden name)

cause of death .....

I am / we are authorized to sign this Cremation Order because I am / we are:

- ( ) The surviving spouse of the deceased.
- ( ) All of the surviving children of the deceased and the deceased left no surviving spouse.
- ( ) Other (describe) .....

The undersigned instructs the Cemetery to make the following disposition of the cremated remains:

.....  
If no such instructions are forthcoming, the Cemetery shall, without assuming any liability for the same, assess the necessary charges for interring the remains in land designated for such purpose. However, said interment will not be made for a period of thirty (30) days, thereby permitting the heirs an opportunity to choose an alternate disposition.

If such disposition involves shipping, the undersigned hereby authorizes the Cemetery to ship the cremated remains via Registered U.S. Mail at the expense of the undersigned. The undersigned acknowledges that due to the nature of the cremation process certain materials, including dental gold, jewelry may be destroyed or rendered impossible to recover. **THE UNDERSIGNED AGREES TO ARRANGE FOR THE REMOVAL OF A PACEMAKER, RADIOACTIVE IMPLANTS, RADIOACTIVE DEVICE, OR ANY SUCH MECHANICAL DEVICES PRIOR TO CREMATION. FAILURE TO REMOVE THESE ITEMS MAY RESULT IN HARM TO THE CREMATORY OR CREMATORY PERSONNEL.**

( ) I / we authorize the crematory to dispose of and/or recycle any noncombustible items including but not limited to hinges, latches, nails, screws, staples, plates, metal prosthesis or implant.

The undersigned will indemnify and hold harmless (a) the Cemetery from any damage or injury resulting from the failure to remove implanted devices, and (b) the Cemetery and the funeral director designated below from any and all loss or damage (including reasonable attorney's fees) on account of claims of others arising out of actions taken by the Cemetery or the funeral director in connection with this cremation order including claims arising out of the shipment of cremated remains or the destruction of materials.

I / We certify that the foregoing statements are true.

**\* For cemetery use only**  
Cremated \_\_\_\_\_ No. \_\_\_\_\_  
Disposition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Rev. Date: August 2011

Date of signature(s) \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Funeral Director \_\_\_\_\_

(If additional space is required, please use reverse side)

On behalf of the board of directors and staff at Swan Point Cemetery, please accept our sincere condolences on your loss. We are honored that through the guidance of your funeral director, Swan Point Crematory has been chosen for cremation.

The cremation process has been performed for many years throughout history. It is a highly technical process. The process begins with the completion of required documents typically consisting of a permit by the board of health, authorization by a medical examiner and most importantly, an authorization for cremation signed by the nearest next of kin or the deceased's designee. A waiting period of 24 hours from the time of death is also required in the state of Rhode Island. At Swan Point Cemetery the casket shall be delivered to the cremationist, properly identified, and will not be opened without a funeral director present. The casket must be of combustible material, no fiberglass or plastic will be permitted. The cremation process is performed in a cremation chamber or retort, with heat and extreme dehydration. Every cremation takes place individually in a designated chamber. The process takes approximately two and one half hours to complete. Once completed, the person's remains consist of fragmented bone which is removed from the chamber and processed to allow for a uniform consistency of cremated remains. Prior to the processing, all metal and non combustible material is removed from the cremated remains. Various types of metal, such as casket hardware and prosthetics are recycled. This process is followed by placing the cremated remains in a temporary container, or in an urn provided by the crematory or funeral home. A permanent container is always recommended for the safekeeping of the cremated remains.

Many think that cremation is a final disposition. We believe however, that cremation is preparation for permanent memorialization. With the steady rise of preference for cremation, most cemeteries offer an array of memorialization choices including:

- Earth burial in a grave designed to accommodate both full casket and urn burial
- Indoor or outdoor columbaria where urns can be housed in a niche permanently
- Cremation gardens designed specifically for burial of cremated remains
- Scattering gardens with or without monuments

Further information is available at our website at [www.swanpointcemetery.com](http://www.swanpointcemetery.com).



Visiting a Columbarium