

WITNESS AUTHORIZATION FORM

The undersigned hereby warrants that they have authorized the cremation of:

_____ (decedent) and
request the Swan Point Cemetery for permission for the following people to witness the cremation
services of the decedent to be held at the Crematory on the ____ day of _____, 20____.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

The undersigned hereby confirms that they understand there is limited space in the Crematory that witnessing the cremation of the decedent is a privilege, that the Crematory can be a dangerous place and they will not engage in any activities that will endanger themselves or anyone else present at the Crematory for the cremation services of the decedent. The undersigned, in consideration of the Crematory's consent to witness the cremation of the decedent, agrees to comply with all of the Crematory's rules and regulations related thereto, a copy of which is attached hereto.

Further, the undersigned on behalf of themselves, their immediate family and their relatives agrees to hold harmless and to indemnify the Crematory for any claim, action, liability, costs, agents expenses or legal fees with respect to all claims of any nature whatsoever made by any person or entity, including their immediate family, relatives of the immediate family and relatives of the decedent arising out of any actions taken by the Crematory pursuant to the Witness Authorization Form or the cremation services performed on decedent.

In the event this witness authorization is executed by more than one person, the singular shall include the plural, and each shall be jointly and severally liable for all representatives and warrants and indemnifications contained in this Authorization. If this witness authorization is executed by a legally authorized party on behalf of a group of people that will be witnessing the cremation of the decedent, then that party, as the undersigned, hereby confirms that they are legally authorized to act on behalf of the group they are representing and will be responsible and old Crematory harmless for the actions of the group or any member thereof.

Date: _____
_____ Person Authorizing Cremation

Witness: _____ Witness: _____

Witness: _____ Witness: _____

Witness: _____ Witness: _____