



**Serenity Lindsay Funeral Homes & Crematorium**  
Berwick - Kentville - New Ross - Port Williams - Wolfville

**Permission for Cremation**

I, \_\_\_\_\_ Relationship \_\_\_\_\_  
(Next of kin / Legal Executor)

of, \_\_\_\_\_ in \_\_\_\_\_ Postal Code \_\_\_\_\_  
(Full Postal Address) (City and Province)

Hereby grant permission to Serenity Funeral Home & Crematorium and H C Lindsay Funeral Home & Crematorium for the cremation of the remains of

\_\_\_\_\_

The particulars relative to the above named deceased are:

Address of deceased \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Date of death \_\_\_\_\_ Place of death \_\_\_\_\_

Arrangements under the care of \_\_\_\_\_ Funeral Home in \_\_\_\_\_

I, the undersigned, Next of Kin/Legal Executor/Representative do declare that I am legally within my rights to authorize the cremation of the above named deceased, and agree to hold Serenity Funeral Home & Crematorium harmless for damages should any litigation arise because of the said authorization and subsequent cremation.

I, the undersigned, do understand that due to the nature of the cremation process, personal possession and valuable materials are not recoverable and such items should be requested to be removed prior to the cremation process. Items to be removed:

\_\_\_\_\_

I, the undersigned, do understand that any implanted mechanical device, such as pacemaker or any other device which may create a hazardous condition during cremation, must be removed. If such a device is present I have instructed the Funeral Director to remove it before cremation.

I, the undersigned understand that in the event that the cremains remain unclaimed for a period of 365 days from the date of cremation, Serenity Funeral Home & Crematorium is authorized and directed to dispose of the cremains in any lawful manner it may seem appropriate and agree to hold Serenity Funeral Home & Crematorium harmless for damages should any litigation arise because of the said authorization and subsequent disposal.

Requested Disposition \_\_\_\_\_

Date required / requested for return of cremains \_\_\_\_\_

Witness \_\_\_\_\_

Signed \_\_\_\_\_  
(Next of Kin/ Legal Executor)

Record number \_\_\_\_\_

Date \_\_\_\_\_