



PROMISE LAND

COMMEMORATIVE MORTUARY

Standing on The Promises of God



1-242-603-2690 | 1-242-462-7679



17 Jerome Avenue & Corlet Road



Leonardoknowles@promiselandcm.com



www.promiselandcm.com

Cremation Authorization

The undersigned next-of-kin/authorizing agent(s) hereby attest to the accuracy of the representations contained herein and represent and certify the identity of the decedent [REDACTED] who passed away at [REDACTED] on [REDACTED]

I/We [REDACTED] hereby certify that I/we have the legal rights to authorize the cremation, handling, processing and disposition of the decedent's remains and that I/we are not aware of any living person/s who has superior right to serve as an authorizing agent.

If there is another person who has superior rights, all reasonable efforts have been made without success to locate them and that the undersigned has no reason to believe such person/s would object to the cremation.

The undersigned authorizes Promise Land Commemorative Mortuary (PLCM) to assume possession of the remains of the decedent and further authorizes the same to handle, possess and arrange for cremation and disposition of such cremated remains.

The final disposition of the cremated remains shall be released to: [REDACTED]

It is understood that unless arrangements have been made for the final disposition of the cremated remains, PLCM may, after 14 days, return the cremated remains to the authorizing agent, or if not possible, may, after 30 days, at the expense of the authorizing agent, dispose of the cremains in a manner permitted by law.

The undersigned represents that the death of the decedent ☒ did or ☐ did not occur as a result of infectious, contagious, communicable or dangerous disease/s to public health. Type of disease if any: [REDACTED]

It is understood that cremation would not take place if a pacemaker or other material or implant is present in the decedent, and it is hereby represented that such devices or material exists. They are described as follows: [REDACTED] and that PLCM is hereby authorized to remove and dispose of such devices or materials prior to cremation. [REDACTED]

Because of the possibility of damage to the retort, the Crematory reserves the right to remove and destroy all handles, gloss furnishing, casket lids or any other items on the outside of caskets used for cremation.

The undersigned hereby indemnifies and releases PLCM, the Crematory, their employees and agents from all liability and damages in connection with this authorization and all actions taken hereunder and specifically with respect to the mis-identity of the decedent and the presence of pacemakers or other materials or implants.

PLCM warrants that the decedent released to the crematory are the same as those identified herein.

I/We understand that PLCM will seek legal action against the undersigned if there is any form of misrepresentation or fraud on my/our part while acting as the Legal Next-of-Kin/ Authorizing Agent(s).

Signature of Next-of-Kin/Authorizing Agent [REDACTED]

Relationship [REDACTED] Date [REDACTED]

Print Name & Signature of Witness: [REDACTED]