



*"Celebrating Life."*  
ONE FAMILY AT A TIME™

## CREMATION ORDER

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### AUTHORITY TO CREMATE

The undersigned hereby requests and authorizes

## WITTER & SONS COMPANY LIMITED

To cremate the remains of:

First Name	Middle	Surname:	Date of Death
	Date of Birth	Sex:	Marital Status

**The undersigned represents, certifies under penalty of perjury, and understands the following:**

1. That he/she has the legal right to authorize and direct the cremation, interment and/or disposition of said remains and agrees to indemnify and hold Witter & Sons Company Limited, its Officers, Agents and Employees without fault from any/all loss, costs, or damages they may suffer or incur by reason of acting upon the order and authorization set forth.

2. **IDENTIFICATION:** The Mortuary prepares the body for the identification by closing the eyes and mouth and cleansing the body as necessary. We can allow up to fifteen (15) minutes for the identification. It may be possible to observe signs of decomposition that are beyond the Mortuary's control, since Embalming has not yet taken place.

3. That the completed Permit for Cremation will accompany the body.

4. That the deceased has not had a heart pacemaker implanted, or radiation-producing implant device, or any other life-sustaining device that could be explosive. If such a device exists, he/she agrees to have the Funeral Director or its Agents remove the device before cremation. He/she also understands that in the event of failure to notify the Funeral Director and its Agents that are responsible for the removal of such a device, he/she will be liable for any damages to the Crematory or injury to Crematory personnel.

**Please initial verifying there is no pacemaker.**

5. That ALL non-combustible materials delivered with the body will NOT be returned with the cremated remains, but will become property of, and be disposed of by the Crematory.

6. The undersigned understands the cremated remains are bone fragments which will be pulverized to permit their placement in an urn or other suitable container. In the event the capacity of the urn/container is insufficient to accommodate all of the cremated remains, the Crematory is hereby authorized to contact the undersigned to make arrangements for the disposition of the excess cremated remains.

**WITTERANDSONSFH@GMAIL.COM**

30 PAISLEY AVENUE  
May Pen, Clarendon, Jamaica  
(876) 986-4146, (876) 986-4419  
Cell / Whatsapp: (876) 774-5584, (876) 815-7230

CHEAPSIDE, ST. ELIZABETH  
Jamaica  
(876) 965-8284, (876) 965-8172  
Cell / Whatsapp: (876) 779-7495, (876) 330-5187



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**7. IDENTIFICATION PRIOR TO CREMATION:**

The survivors WILL      WILL NOT      identify the body before cremation.

**Identification Date      Date**

**8. DISPOSITION INSTRUCTIONS:**

A. Family agree to pick up within 10 days after cremation and notification. If cremated remains are not picked up within 30 days, the Witter & Sons Company Limited is hereby authorized to dispose of cremated remains at its discretion. Cremated remains are to be returned to:

(List Name(s))

Initials of Nearest Kin:

Appointment Date for the return of cremated remains:

Time:

B. Cemetery for Burial/Interment:

(Mortuary will deliver to the cemetery listed above)

C. Scattering of cremated remains by Mortuary staff:

YES      NO

D. Other:

**9. That Witter & Sons Company Limited will perform cremation of the body, and comply with the disposition of cremated remains instructions given on the form, and no warranties expressed or implied are made, and damages shall be limited to the fee paid.**

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**THE CREMATION PROCESS.**

Crementation is performed by placing the deceased in a casket or other container in a cremation chamber where the temperature is raised to about 1700 degrees Fahrenheit. After about one and a half hours, all substances except bone fragments are burned or driven off. This is because the temperature is insufficient to consume ALL of the bone structure, which is composed mainly of the metal calcium. Upon completion, the cremated remains and any residual fragments are removed from the chamber. The residual pieces are processed to a virtually unrecognizable state as human remains to fit into a container.

Signature of nearest kin or all equal next of kin

Print Name & Relationship

Address

Signature of nearest kin or all equal next of kin

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Mortuary in Charge

Funeral Director/Witness

Date

**MORTUARY STAFF NOTE:**

See 9A. above for name(s) of individual(s) entitled to receive cremated remains.

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I hereby acknowledge receipt of the above cremated remains:

Signature:

Print Name:

Date:

Address:

ID:

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