

PRAIRIE VIEW CHAPEL & CREMATORIUM

Highway 11 South, PO Box 2061, Saskatoon, Sask S7K3S7
Phone: (306) 242-7884 Fax: (306) 244-8873

CREMATION & INTERMENT AUTHORIZATION

Sex: Male Female

Name of Deceased

Date of Birth

Date of Death

Location: RUH SPH SCH Other _____

Mother Address Phone #

Father Address Phone #

As the parent(s), I (we) understand:

- a) The hospital will arrange for the cremation to take place as soon as possible.
- b) That there are very few cremated remains left following the cremation of a fetus or baby.
- c) That unless we specify otherwise, interment will be at Woodlawn Cemetery, Saskatoon, SK.
- d) That we are responsible for resolving any family objections to the proposed cremation.
- e) That the cremation and interment containers will be those provided by the Hospital and Crematorium.

DISPOSITION OF CREMATED REMAINS:

I (we) request the following disposition of the Cremated Remains (initial one).

_____ Crematorium to release cremated remains to Saskatoon Funeral Home for interment at Woodlawn Cemetery, Saskatoon in the Shared Burial Area and I (we) will not attend the actual interment. I (we) understand that once interred cremated remains will not be retrievable at a future date.

_____ Saskatoon Funeral Home to hold cremated remains and are to contact me (us) regarding my (our) plans for pick-up or service ceremony and disposition location and arrangements. In the case that I (we) have not made any arrangements with the Saskatoon Funeral Home within 12 months I (we) hereby give permission for interment as described in point above.

_____ We do not wish any future contact by the Funeral Home and/or Crematorium.

I (we) certify to be the legal custodian, having authority to authorize cremation and disposition of the Cremated Remains. I (we) have read and understand the information contained in this document and certify it to be true and correct. I (we) agree to hold the Crematorium, Hospital, Cemetery or Funeral Director harmless against liability which may result on account of this authorization.

Mother's Signature Father's Signature Date

By witness hereto I certify that I have reviewed this document with the applicant(s), that to the best of my knowledge they are the legal custodian(s), and I have witnessed their signature(s).

Miscarried Fetus

Stillborn

Deceased Newborn

Nurse's Signature Date AGE Days Hrs Min

For Cremation Use only:
Date of Cremation: _____ **Registration Number:** _____