



MEADOWREST MEMORIAL GARDENS
HEAD OFFICE
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CEMETERY & CREMATORIUM
Whittakers Mountain, St. Catherine
Email: info@meadowrest.com
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FORM B
MMG No:
Date:
DD: _____
MM: _____
YYYY: _____

AUTHORITY TO CREMATE

(TO BE GRANTED BY THE AUTHORIZED OFFICER...POLICE)

TO: SUPERINTENDENT OF THE CREMATORIUM AT MEADOWREST MEMORIAL GARDENS IN WHITTAKERS MOUNTAIN, ST. CATHERINE

WHEREAS APPLICATION HAS BEEN MADE FOR THE CREMATION OF THE REMAINS OF:

NAME: _____

ADDRESS: _____

OCCUPATION: _____

AND WHEREAS I HAVE SATISFIED MYSELF THAT ALL THE REQUIREMENTS FOR THE CREMATION OF HUMAN REMAINS PRESCRIBED BY THE CREMATION LAW AND THE REGULATIONS MADE IN PURSUANCE OF THAT LAW HAVE BEEN COMPLIED WITH, THAT THE CAUSE OF DEATH HAS BEEN DEFINITELY ASCERTAINED, AND THAT THERE EXISTS NO REASON FOR ANY FURTHER INQUIRY OR EXAMINATION.

I HEREBY AUTHORIZE:

THE SUPERINTENDENT OF THE CREMATORIUM AT MEADOWREST MEMORIAL GARDENS, TO CREMATE THE SAID REMAINS:

(SIGNATURE)

(WRITE NAME PLAINLY HERE) _____

(AUTHORIZED OFFICER)

DATE: _____

NOTE: THIS AUTHORITY SHALL BE SIGNED IN DUPLICATE-ONE COPY TO BE RETAINED WITH CERTIFICATES AND THE OTHER SET BY THE AUTHORIZED OFFICER TO THE SUPERINTENDENT OF THE CREMATORIUM. IN THE CASE OF A STILL-BORN CHILD IN PLACE OF THE NAME, ADDRESS AND OCCUPATION INSERT A DESCRIPTION SUFFICIENT TO IDENTIFY THE BODY AND IN PLACE OF THE WORDS "THAT THE CAUSE HAS BEEN DEFINITELY ASCERTAINED" INSERT THE WORDS "THAT THE CHILD WAS STILL-BORN".