



# Innisvale Cemetery and Crematorium Ltd.

## APPLICATION FOR CREMATION

MAIL TO: Box 2003, Thornton, ON L0L 2N0  
 LOCATION: 7551 Fifth Side Road, Innisfil, ON

Tel: (705) 722-3121  
 Fax: (705) 722-8703

Invoice #

PRIORITY REQUESTED

This application represents a legally binding contract between the Applicant and the Innisvale Cemetery & Crematorium Ltd. Cremation can only be applied for by the deceased's executor or legal next of kin unless an acceptable reason is explained in Section B of this application. This application will not be accepted if not completed in full. By signing this application, the applicant accepts the terms of this agreement and hereby grants Innisvale Cemetery & Crematorium and their employees permission to cremate the deceased listed in Section C. The applicant understands that the cremation will only take place once all criteria's of this application have been met.

### SECTION A: INFORMATION ABOUT THE APPLICANT

1. Applicant's Full Name (Last, First, Middle)	2. Relationship To The Deceased
3. Applicant's Address (Street, City, Province)	4. Telephone Number

### SECTION B: APPLICANT'S AUTHORITY

1. Are you the executor or legal next of kin of the deceased?	YES <input type="checkbox"/> (go to Section C) NO <input type="checkbox"/> (complete 2, 3 & 4)
2. If NO, explain why you are applying for cremation?	
3. Has the executor or legal next of kin been notified of the proposed cremation?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. Has the executor or legal next of kin objected to the proposed cremation?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

### SECTION C: INFORMATION ABOUT THE DECEASED

1. Deceased's Full Name (Last, First, Middle)	2. Sex
3. Deceased's Usual Address (Street, City, Province)	4. Age
5. Location of Death	6. Date of Death (d/m/y)
7. Place of Birth (state country if outside Canada)	8. Date of Birth (d/m/y)
9. Full Name of Spouse (Last/Maiden, First, Middle)	10. Occupation
11. Marital Status	12. Name & Address of Physician, Coroner or RPN Attending At Death

### SECTION D: IMPLANTED DEVICES & RADIOACTIVE IMPLANT DISCLOSURE \*\*\* MUST BE INITIALED BY APPLICANT\*\*\*

1. Pacemakers must be removed prior to cremation. Failure to do so may cause damage to the crematorium and /or personal injury or death to crematorium staff, The applicant agrees to notify the funeral home of such implanted devices and authorizes the funeral home staff or its agents to remove such devices.	Is there a pacemaker? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Initials: <b>X</b>
2. The applicant acknowledges there are no radioactive implants.	
	Initials: <b>X</b>

### SECTION E: FUNERAL HOME DISCLOSURE

1. If a pacemaker was present, who has removed it?	
PRINT: <b>X</b>	SIGN: <b>X</b>
2. Was the body embalmed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Was there any infectious or contagious disease known to be present at time of death?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Signature of Arranging Funeral Director	5. Name of Arranging Funeral Director (Last, First, Middle) (Print or Type)
<b>X</b>	
6. Name of Funeral Home or Transfer Service	
7. Address of Funeral Home or Transfer Service	

**SECTION F: APPLICANT'S SIGNATURE FOR CREMATION**

**IMPORTANT TERMS & CONDITIONS:** I, the applicant, certify that to the best of my knowledge, all information provided is true and accurate. I also certify that I have the authority to make these arrangements and that I accept full responsibility for the authorization to commence with the cremation. I fully understand that the process of cremation reduces the body to ashes and that the process is irreversible. Should it be later determined that I do not have the legal authority to make these arrangements, Innisvale Cemetery & Crematorium will not be held liable. Under no circumstance will Innisvale Cemetery & Crematorium open the casket or cremation container received. I have read and fully understand this legal agreement to its entirety. **As per Section 56 (3) of the Cemeteries Act (Revised) R.S.O. 1990, any crematorium has the right to refuse any cremation without assigning reasons.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

Signature of Applicant

Signature of Witness (Required)

X

X

**SECTION G: RELEASE OF CREMATED REMAINS AND SPECIAL INSTRUCTIONS**

The cremated remains are to be released to:  Funeral Home  Innisvale (complete Section H)  Other\* (use space below)

Other/Special Instructions: (\*signature required) \_\_\_\_\_

\_\_\_\_\_

\* I, the applicant, agree that Innisvale Cemetery & Crematorium is not liable for cremated remains, urns, or their contents should they be lost, damaged or misdirected by the carrier and/or recipient.  
All risks are borne by the applicant. X

**SECTION H: REQUEST FOR INTERMENT OR COMMON GROUND AT INNISVALE CEMETERY**

Burial In Plot or Urn Space: (give location) \_\_\_\_\_

Date and Time of Interment \_\_\_\_\_

Common Ground: (\*signature required) X

**IMPORTANT:** Cremated remains left for Common Ground will be held on premise in a secure area for a period of not less than (5) five years. Should the applicant wish to have the cremated remains returned to them during the first 5 years, an administrative and retrieval fee will apply. After 5 years, the Innisvale Cemetery & Crematorium may bury the cremated remains in a designated section of the cemetery. This location remains the property of Innisvale Cemetery & Crematorium and the exact location will not be disclosed. No memorial or marker of any type may be placed on cemetery grounds. **Cremated remains buried in common ground are not recoverable.**

**SECTION I: CASKET/CREMATION CONTAINER & URN**

**NOTICE:** The body is always cremated in the casket or cremation container as received by Innisvale Cemetery & Crematorium. Caskets or cremation containers must be manufactured from wood or other combustible material and must be rigid in construction. Non-combustible materials (i.e. metal casket handles and hardware) may be removed prior to cremation or filtered out after cremation. Items such as plastics, glass and synthetic materials (stuffed animals etc.) that have been placed inside the casket should, where possible, be removed from the casket before cremation as they may create difficulties for the crematorium staff.

Description of casket or container	Please provide plastic container	YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------------	----------------------------------	--

Description of urn if provided	Signature of Crematorium Operator
--------------------------------	-----------------------------------

X

**SECTION J: CORONER'S CREMATION CERTIFICATE (COMPLETE THIS SECTION OR ATTACH A CORONER'S CERTIFICATE)**

1. Deceased's Full Name (Last, First, Middle)	2. Sex
3. Deceased's Usual Address (Street, City, Province)	4. Date of Death (d/m/y)
5. Location of Death	
6. Coroner's Name	7. Coroner's Telephone Number
8. Signature of Coroner	9. Date (d/m/y)

X