



CREMATION SOCIETY

of New Hampshire

Simple ✿ Affordable ✿ Dignified

Name of Deceased: _____

Place of Death: _____

Name of Person Authorized to Release: _____

Relationship to Deceased: _____

Address of Person Authorized to Released: _____

Telephone Number of Person Authorized to Release: _____

Credit Card #: _____ Exp Date: _____ CSC: _____

In accordance with RSA 294-D New Hampshire Digital Signature Act)

I, the undersigned, hereby authorize and give permission to the Cremation Society of New Hampshire or their designated agent to transfer the deceased from the place of death to their facility. I further authorize that I have the legal authority to make this decision and accept full financial responsibility for paying for the cremation. I acknowledge that I am providing a credit card number only to secure services, and that my credit card will not be charged prior to speaking with a cremation counselor regarding my preferred payment method. If I fail to proceed with cremation arrangements in a timely fashion, or refuse to communicate with my cremation counselor, I authorize this card to be charged for the full amount of services rendered.

By signing this form, I hereby acknowledge that a General Price List (GPL) has been made available to me either online or in person and have I reviewed the GPL. Upon payment, the Cremation Society of New Hampshire agrees to provide the purchaser with a Statement of Goods and Services either electronically or in person as soon as feasibly possible.

Signature