



**PO Box 32041, Linwood, Christchurch 8147**

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## **Authority to Cremate/Inter and Financial Agreement**

I, (full name) ..... Of (address) .....

Telephone (private) ..... (business) ..... Occupation .....

Relationship to Deceased .....

Full name of the Late (Deceased) .....

Do hereby authorise Crematorium to cremate the remains YES / NO

(Hereinafter referred to as "the Deceased") Late of (address) .....  
.....  
.

**IMPORTANT: Please Read Carefully**

I AGREE to permit Integrity Cremations to carry out any hygienic preparation required for the dignified and safe presentation of the Deceased. I DECLARE that I am duly authorised to give this authority and indemnify Integrity Cremations against any and all claims, costs and/or proceedings arising from any services and/or attendances herein incurred by me. I HEREBY AUTHORISE you to meet on my behalf any and all necessary costs in respect of the funeral of the Deceased. I hereby undertake and agree to pay you all such outgoings together with your account for professional services. (Please turn page over)

**PAYMENT/DEFAULT AND CONSEQUENCES OF DEFAULT**

(a) **I ACKNOWLEDGE that the total account for the services in regard to the Deceased are payable by me on or before** ..... /...../..... (**“the due date”**) I further acknowledge that I am liable to pay an Administration Fee of \$500 should the account not be paid by the due date. I understand that where the total account for the services has not been paid by the due date Integrity Cremations may withhold the supply of any services and/or attendances at its sole discretion.

(b) I AGREE that interest on overdue invoices shall accrue from the due date until the date of payment at the rate of 3% per calendar month and shall accrue at such rate after as well as before any judgment. I also agree to pay a credit card transaction fee of 4% for all payments placed by credit cards in relation to this account.

(c) I AGREE that if I default in payment of any invoice when due, I will indemnify Integrity Cremations from and against all its legal costs and disbursements calculated on a solicitor and own client basis and in addition all or any debt collection costs.

(d) Privacy Act 1993

(e) Integrity Cremations have the rights to hold onto the ashes until invoice is fully paid.

**I ACKNOWLEDGE** that you are collecting personal information about me for the purpose of carrying out the funeral arrangements and that this information may be provided to the company employees or contractors for debt collection or credit reporting purposes or in the event that the company assigns any of its rights to any other party to the party receiving those rights. I HEREBY AUTHORISE you to arrange for the ashes of the Deceased to be returned to:..... The family does/does not wish to be present at the cremation. I ACKNOWLEDGE that any ashes unclaimed after a period of three (3) years may be scattered at an appropriate site, unless otherwise advised.

My instructions regarding any personal effects of the Deceased are :.....

.....

Signed for Authority .....

Date of Birth .....

this ..... day of .....20....

(address) .....

WITNESS (signature) .....

by the said(name) .....