

# SOMERSET HILLS MEMORIAL PARK

PO Box 36, Mt. Airy Road, Basking Ridge, N.J. 07920

Office - 908-766-0522 Fax - 908-953-9408

## CREMATION AUTHORIZATION

REGISTERED NUMBER

(PLEASE TYPE OR PRINT)

NAME OF DECEASED	AGE	YEARS - MONTHS - DAYS		
ADDRESS	CITY	STATE	ZIP CODE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO
CAUSE OF DEATH	DATE OF DEATH	TIME OF DEATH	<input type="radio"/> AM <input type="radio"/> PM	

DEATH DUE TO INFECTIOUS/CONTAGIOUS DISEASE? Yes  No  PACEMAKER? Yes  No

### DISPOSITION OF CREMATED REMAINS

\_\_\_\_\_ Inurnment -- Mausoleum location \_\_\_\_\_

\_\_\_\_\_ Interment -- Grounds location \_\_\_\_\_

\_\_\_\_\_ Common Container - location \_\_\_\_\_

Returned by Registered Mail to: Funeral Director \_\_\_\_\_ Authorizing Agent \_\_\_\_\_

Other (A letter or telegram of acceptance from party named must accompany this order)

Instructions:

\_\_\_\_\_

I HEREBY CERTIFY that I have full power and authority to arrange for the cremation of the above named decedent and to direct the disposition of the cremated remains. I hereby agree to protect, defend and keep harmless the Somerset Hills Memorial Park and it's representatives for any and all liability due to said authorization and cremation and direct the disposition of the cremated remains as stated above.

NAME (Type or Print)	SIGNATURE		
RELATIONSHIP OR AUTHORITY	STREET ADDRESS		
DATE	CITY	STATE	ZIP CODE

I CERTIFY THAT THE FOREGOING AUTHORITY AND CERTIFICATE ARE JUST AND TRUE TO THE BEST OF MY KNOWLEDGE.

FUNERAL HOME (Type or Print)	FUNERAL DIRECTOR SIGNATURE	LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE

TYPE OF CASKET OR CONTAINER:

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### FOR CREMATORY USE ONLY

DATE RECEIVED / HOUR OF ARRIVAL: \_\_\_\_\_ CREMATION DATE AND TIME: \_\_\_\_\_

DISPOSITION OF CREMATED REMAINS:	SIGNATURE	
DATE RELEASED / INITIAL BY EMPLOYEE:	NAME (Print)	SS# OR DRIVER'S LICENSE

REGISTERED MAIL # \_\_\_\_\_ DATE MAILED \_\_\_\_\_

OTHER \_\_\_\_\_ SIGNATURE OF CREMATORY OPERATOR \_\_\_\_\_