

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

CREMATION NUMBER

(PLEASE TYPE OR PRINT)

NAME OF DECEASED				AGE	YEARS - MONTHS - DAYS			
SINGLE	MARRIED	WIDOWED	DIVORCED	CITY	SEX	MALE	FEMALE	VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>
CAUSE OF DEATH			DATE OF DEATH		TIME OF DEATH		AM <input type="radio"/> PM <input type="radio"/>	

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 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:

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 _____