

SOMERSET HILLS MEMORIAL PARK
 Mt. Airy Road, Basking Ridge, N.J. 07920
 (908) 766-0522

CREMATION AUTHORIZATION

(PLEASE TYPE OR PRINT)		REG NUMBER
NAME OF DECEASED	AGE: YRS—MO—DAYS	CREMATION DATE
ADDRESS	CITY STATE	VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>
CAUSE OF DEATH	DATE OF DEATH	TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM

Death due to Infectious/Contagious Disease? Yes _____ No _____ PACEMAKER? Yes _____ No _____

DISPOSITION OF CREMAINS

_____ Inurnment — Mausoleum _____
 _____ Interment — Location _____
 _____ Common Container _____
 _____ 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 its representatives for any and all liability due to said authorization and cremation and direct the disposition of the cremated remains as stated above.

NAME (PRINT OR TYPE)	SIGNATURE
RELATIONSHIP OR AUTHORITY	STREET ADDRESS
	CITY STATE ZIP

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

TYPE OF CASKET OR CONTAINER _____

FOR CREMATORY USE

DATE	HOUR OF ARRIVAL	CREMATION
DISPOSITION OF CREMAINS	RECEIVED BY	SIGNATURE
DATE	NAME (TYPE OR PRINT)	SS# OR DRIVER'S LICENSE
ADDRESS	CITY	STATE

REGISTERED MAIL # _____ DATE SENT _____
 OTHER _____ SIGNATURE OF CREMATORY REPRESENTATIVE _____

Operated by Fairmount Cemetery Association of Newark and Somerset Hills