



PHONE (973) 623-0695

620 Central Avenue, Newark, NJ 07107

FAX (973) 623-0210

CREMATION AUTHORIZATION

Cremation Identification Number

Name of Deceased: _____ Age(years): _____ Sex: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Cause of Death: _____
Date & Time of Death: _____ ALL PACEMAKERS/RADIOACTIVE IMPLANTS HAVE BEEN REMOVED: _____
DISPOSITION OF CREMATED REMAINS: _____

AUTHORIZING AGENT(S)

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 Fairmount Cemetery 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.

Print Name: _____ Relationship or Authority to the Decedent: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature(s): _____ Date: _____
Additional: _____

FUNERAL DIRECTOR

Funeral Home: _____
Address: _____ City: _____ State: _____ Zip: _____
Funeral Director Signature: _____ Date: _____ License # _____
I certify that the foregoing authority and certificate are just and true to the best of my knowledge.

CREMATORY USE ONLY

Date and Time of Arrival: _____ Type of Container: _____ Unit _____
Date and Time of Cremation: _____ Paid: _____
Crematory Operator Signature: _____ Print Name: _____

DISPOSITION OF CREMATED REMAINS

Disposition of Cremated Remains: _____ Date of Disposition: _____
Released Cremated Remains to: (signature) _____ Print Name: _____
Date Cremated Remains Processed/Packaged: _____ Checked by: _____ Released By(employee): _____