



FAIRMOUNT CEMETERY ASSOCIATION

620 CENTRAL AVENUE, NEWARK, N.J. 07107

(201) 623-0695

CREMATION AUTHORIZATION

(PLEASE TYPE OR PRINT)

| |
|---|
| REG. NUMBER |
| CREMATION DATE |
| VETERAN: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM |

| | |
|------------------|---------------|
| NAME OF DECEASED | YRS—MO—DAYS |
| ADDRESS | CITY STATE |
| CAUSE OF DEATH | DATE OF DEATH |

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

DISPOSITION OF CREMAINS

_____ Inurnment, Fairmount Memorial Columbarium: Location _____

_____ Interment, Fairmount Cemetery: Plot Description _____

_____ 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 Fairmount Cemetery Association 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 |

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 _____