

Cremation No. _____ **CEDAR LAWN CEMETERY CREMATION AUTHORIZATION**

Name of Deceased _____ Age _____

Place of Birth _____ Single Married Widowed Divorced Separated

Late Residence _____

Place of Death _____ Date of Death _____

Cause of Death _____ Infectious/Contagious Yes No

Name of Funeral Home _____

Excluded are metal-lined cases and caskets of metal, fiberglass, plastic or any other substance or contaminate that would be injurious to the environment or the cremation chamber.

PACEMAKER MUST BE REMOVED

Has the deceased been treated with therapeutic radionuclides? Yes No

If YES, when was the treatment administered (date)? _____

The undersigned, as legal custodian of the remains of the above named deceased, hereby authorizes Cedar Lawn Cemetery to cremate and dispose of such remains, in the following manner.

Pick-up: Mail: Inter in Cedar Lawn Cemetery

Funeral Director Name _____ Telephone _____

Address _____

Family (MAIL ONLY) TO: Name _____

Address _____

Cemetery Name _____

Address _____

SPECIAL INSTRUCTIONS _____

<p>Office use only Funeral arrived at Crematory at _____ o'clock on _____ the _____ day of _____ 20 _____ Posted: O _____ D _____ SSI \$ _____ Charge \$ _____ Paid \$ _____</p>

<p>Office use only Pick-up of Cremated Remains Received from Cedar Lawn Cemetery and Crematory, Cremation No. _____</p>		
Funeral Home Signature _____	License Number _____	Date Received _____
Other: Print Name _____	Signature _____	Date Received _____

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

CONTROL OF THE DISPOSITION OF CREMAINS WILL BE UNDER THE NEW JERSEY CEMETERY ACT, 2003 C.45:27-22

IF THE LEGAL NEXT OF KIN, OR ALL PERSONS OF THE SAME DEGREE ARE NOT SIGNING BELOW AS AUTHORIZING AGENT(S), SEPARATE AUTHORIZATION(S), IF NECESSARY, SHALL BE ATTACHED TO AND CONSIDERED PART OF THIS FORM.

SIGNATURE(S) OF AUTHORIZING AGENT(S)

I (we) certify that I (we) have full power and authority to arrange for the cremation and disposition of the deceased according to the NJ Cemetery Act, 2003. Agent(s) must also initial indemnification, below.

NAME (PRINT) RELATIONSHIP SIGNATURE

ADDRESS

NAME (PRINT) RELATIONSHIP SIGNATURE

ADDRESS

NAME (PRINT) RELATIONSHIP SIGNATURE

ADDRESS

NAME (PRINT) RELATIONSHIP SIGNATURE

ADDRESS

CEDAR LAWN CEMETERY CREMATION AUTHORIZATION

As the Authorizing Agent(s) I (we) hereby agree to indemnify, defend, and hold harmless Cedar Lawn Cemetery and Crematory, its officers, agents and employees, of and from any and all claims, demands, causes of action, and suits of any kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this Authorization, including failure to properly identify the decedent or the human remains transmitted to Cedar Lawn Cemetery and Crematory, the processing, shipping, and final disposition of the cremated remains, the failure to take possession of or proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, presence of any contaminants, claims brought about by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Cedar Lawn Cemetery and Crematory, its officers, agents, or employees, pursuant to this Authorization, excepting only acts of willful negligence.

Initials of Authorizing Agent(s) _____

Executed at _____ this _____ Day of _____ 20 _____

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent:

Name & Address of Funeral Home

By executing this Authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant, to the best of my knowledge, the following:

That no member of our funeral home has any knowledge of information that would lead us to believe that any of the answers provided on this form by the Authorizing Agent(s) are incorrect.

Licensed Funeral Director

Date

License Number