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CREMATORY WITNESS RULES AND REGULATIONS

The Crematory is not generally open to the public and witnesses to a cremation are only allowed for religious or other similar good cause and only with the consent of the Crematory. Because witnessing a cremation is a privilege, the following rules and regulations have been adopted by Somerset Hills Memorial Park (SHMP) for the mutual protection of its employees and all persons who are authorized to witness a cremation service.

1. No person may witness a cremation unless they are a close relative of the decedent, a close friend, a member of the clergy who officiated at the funeral or memorial service for the decedent, and they or someone legally authorized on their behalf, executed an approved Witness Authorization from the Crematory. (see below)
2. Witnesses must comply with the instructions of the Crematory personnel at all times.
3. Witnesses shall remain at the approved location for viewing the cremation service.
4. Upon advance notice to the Crematory and with its consent, one Witness may be designated to start the retort for cremation.
5. No witnesses, other than the one designated to start the retort, may be near the cremation chamber.
6. Witnesses shall maintain the decorum required for a ceremony of this kind and may be removed by Crematory personnel for any violations.
7. Children, other than members of the immediate family of the decedent, will not be allowed to witness a cremation service.
8. Due to limited facilities for witnessing, any person with a physical limitation must notify the Crematory of those limitations and special requirements in advance. If the Crematory is not notified in advance, it reserves the right to restrict the witnessing by that person if it is unable to reasonably accommodate their special requirements at that time.
9. Witnessing a Cremation can be an emotional experience, because witnessing a Cremation is a privilege, Witnesses are assuming the risks involved and understand that SHMP has no responsibility or liability with respect to the process.

WITNESS AUTHORIZATION

The undersigned hereby warrants that they have either authorized the cremation of _____ (Decedent), or obtained the consent of the authorizing part below to witness the cremation.

The undersigned hereby request SHMP for permission to witness the cremation service of decedent to be held at the Crematory on the _____ day of _____ 20____.

The undersigned hereby confirms that they understand there is limited space and witnessing the cremation is a privilege. The Crematory can be a dangerous place and they will not engage in any activities that will endanger themselves or anyone else present at the Crematory for the service of the decedent. The undersigned in consideration of the Crematory's consent to witness the cremation of the decedent agrees to comply with all the Crematory rules and regulations as listed above.

Further, the undersigned on behalf of themselves, their immediate family and their relatives agrees to hold harmless and to indemnify the Crematory of any claim, action, liability, costs, agents expense or legal fees with respect to all claims of any nature whatsoever made by any person or entity, including their immediate family, relatives of the immediate family and relatives of the decedent arising out of any actions taken by the Crematory pursuant to this Witness Authorization or the cremation service performed on the decedent.

In the event this witness authorization is executed by more than one person the singular shall include the plural, and each shall be jointly and severally liable for all representations and warrants and indemnification contained in this Certificate. If this witness authorization is executed by a legally authorized party on behalf of a group of people that will be witnessing the cremation of decedent, than that party, as the undersigned, hereby confirms that they are legally authorized to act on behalf of the group they are representing and will be responsible and hold Crematory harmless for the actions of the group or any member thereof.

Name _____

Date _____

Signature of Authorizing Agent

Crematory Operator

Relationship to Deceased