

PHONE (908) 766-0522 FAX (908) 953-9408

95 Mt. Airy Rd, Basking Ridge, N.J. 07920 services@shmpcemetery.com

Cremation Identification Number

CREMATION AUTHORIZATION

| CREMATORY USE ONLY ate and Time of Arrival: | | CREWIATION AOTHORIZ | | | |
|--|--|--|-----------------------------|--|--|
| Cause of Death: | Name of Deceased: | Age(yea | rs):Sex: | Marital Status: | |
| Date & Time of Death: | Address: | City: | State: | Zip Code | : |
| AUTHORIZING AGENT(S) 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 mains. I hereby agree to protect, defend and keep harmless Somerset Hills Memorial Park and its representatives for any and all liability due to said authorizated do remation and direct the disposition of the cremated remains as stated above. Int Name: Relationship or Authority to the Decedent: Iddress: City: State: Zip: Joate: dditional: FUNERAL DIRECTOR Internal Home: I certify that the foregoing authority and certificate are just and true to the best of my knowledge. CREMATORY USE ONLY STATE: Unit Type of Container: Unit DISPOSITION OF CREMATED REMAINS Sposition of Cremated Remains: Date of Disposition: Print Name: Print Name: Print Name: Print Name: | Cause of Death: | | | | |
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| Interest City: State: Zip: Date: Dat | remains. I hereby agree to protect, defend and keep ha | o arrange for the cremation of the above rmless Somerset Hills Memorial Park and | named decedent and to dir | ect the disposition o and all liability due t | f the cremated o said authorization |
| ### Additional: FUNERAL DIRECTOR | Print Name: | Relationship or | Authority to the Decedent | : | |
| ### FUNERAL DIRECTOR Interal Home: | Address: | City: | | State: | _Zip: |
| FUNERAL DIRECTOR Ineral Home: ddress: | Signature(s): | | | Date: | |
| City: State: Zip: | Additional: | | | | |
| City: State: Zip: | | FUNERAL DIRECTOR | | | |
| I certify that the foregoing authority and certificate are just and true to the best of my knowledge. CREMATORY USE ONLY Sete and Time of Arrival: | Funeral Home: | | | | |
| CREMATORY USE ONLY ate and Time of Arrival: | Address: | City: | | State:2 | p: |
| CREMATORY USE ONLY ate and Time of Arrival: | Funeral Director Signature: | | | | |
| ate and Time of Arrival: | I certify that the forego | oing authority and certificate are just and | true to the best of my know | wieage. | |
| ate and Time of Arrival: | | | | | |
| rematory Operator Signature: | | CREMATORY USE OF | NLY | | |
| Print Name: DISPOSITION OF CREMATED REMAINS sposition of Cremated Remains: Date of Disposition: Print Name: | Date and Time of Arrival: | Ту | pe of Container: | | _Unit |
| Print Name: DISPOSITION OF CREMATED REMAINS sposition of Cremated Remains: Date of Disposition: Print Name: | Date and Time of Cremation: | | Charge: | | |
| DISPOSITION OF CREMATED REMAINS sposition of Cremated Remains: | | | | | |
| sposition of Cremated Remains: Date of Disposition: | | DICOCCITION OF CREATERS | | | |
| eleased Cremated Remains to: (signature)Print Name: | | DISPUSITION OF CREMIATED R | EIVIAINS | | |
| | Disposition of Cremated Remains: | | Date of Disposition: | | |
| ate Cremated Remains Processed/Packaged: Checked by: Released By(employee): | Released Cremated Remains to: (signature) | Pri | nt Name: | | |
| | Date Cremated Remains Processed/Packaged: | Checked by: | Released E | By(employee): | |