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Cremation Identification Number

CREMATION AUTHORIZATION

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 Somerset Hills Memorial Park 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: _____	Charge: _____	
Crematory Operator Signature: _____	Print Name: _____	
<u>DISPOSITION OF CREMATED REMAINS</u>		
Disposition of Cremated Remains: _____	Date of Disposition: _____	
Released Cremated Remains to: (signature) _____	Print Name: _____	
Date Cremated Remains Processed/Packaged: _____	Checked by: _____	Released By(employee): _____