



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 _____