



**FAIRMOUNT CEMETERY**  
**CEMETERY MAUSOLEUM**

PHONE 973.623.0695

FAX 973.623.0210

620 Central Avenue, Newark, NJ 07107

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 Fairmount Cemetery 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**

**James E. Churchman Jr. Funeral Home**  
**345 13<sup>th</sup> Avenue, Newark, NJ 07103**

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: \_\_\_\_\_ Paid: \_\_\_\_\_

Crematory Operator Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**DISPOSITION OF CREMATED REMAINS**

Disposition of Cremated Remains: \_\_\_\_\_ Date of Disposition: \_\_\_\_\_

Released Cremated Remains to: (signature) \_\_\_\_\_ Print Name: \_\_\_\_\_

Date Cremated Remains Processed/Packaged: \_\_\_\_\_

Checked by: \_\_\_\_\_

Released By(employee): \_\_\_\_\_