

MONMOUTH MEMORIAL PARK CREMATION AUTHORIZATION

(PLEASE TYPE OR PRINT IN INK: FILL ALL SPACES)

Name of Deceased

Street Address

City, State, and Zip

Date of Birth

Date of Death

Time of Death

Cause of Death

BIOHAZARD YES NO

EMBALMED YES NO

PACEMAKER OR RADIATION IMPLANT (SPECIFY) YES * NO

*I CERTIFY THAT ALL SUCH DEVICES HAVE BEEN REMOVED _____
Initial by Funeral Director

DISPOSITION OF CREMATED REMAINS

- RETURN TO FUNERAL DIRECTOR
- RETURN TO AUTHORIZING PARTY
- GROUND INTERMENT AT M.M.P.
- NICHE OR COLUMBARIUM AT M.M.P.

NOT WANTED—PERMISSION HEREBY GRANTED TO M.M.P. TO RETURN CREMATED REMAINS TO EARTH AS IT DEEMS APPROPRIATE

Signature of Authorizing Party

FOR CREMATORY USE

REG. NUMBER

DATE RECEIVED

CREMATION DATE

CONTAINER

NOTES

I HEREBY CERTIFY THAT I HAVE FULL POWER AND AUTHORITY TO ARRANGE FOR THE CREMATION OF THE ABOVE NAMED DECEASED AND TO DIRECT THE DISPOSITION OF THE CREMATED REMAINS. I HEREBY AGREE TO PROTECT, DEFEND AND KEEP HARMLESS THE MONMOUTH MEMORIAL PARK CEMETERY AND CREMATORY 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 ON THE REVERSE SIDE.

NAME (PRINT OR TYPE) RELATIONSHIP

SIGNATURE

ADDRESS

CITY

STATE

ZIP CODE

I CERTIFY THAT THE FOREGOING AUTHORITY AND CERTIFICATE ARE JUST AND TRUE TO THE BEST OF MY KNOWLEDGE:

FUNERAL HOME (PRINT OR TYPE)

FUNERAL DIRECTOR SIGNATURE

LIC #

ADDRESS

CITY

STATE

ZIP CODE

DATE

FOR CREMATORY USE

I HEREBY CERTIFY THAT ON THIS DATE I RECEIVED THE CREMATED REMAINS OF THE ABOVE NAMED DECEASED.

NAME (PRINT OR TYPE)

SIGNATURE

STREET ADDRESS

DATE

CITY, STATE AND ZIP

DR. LIC. # OR OTHER I.D.

- RETURNED BY MAIL TO: AUTHORIZING PARTY (ATTACH P.O. RECEIPT)
- FUNERAL DIRECTOR
- OTHER (NAME OF PERSON OR INSTITUTION, ADDRESS)

DATE SENT