

ROSEHILL CREMATION AUTHORIZATION  
(PLEASE PRINT OR TYPE)

REG. NUMBER \_\_\_\_\_  
CREMATION DATE \_\_\_\_\_  
TIME OF CREMATION \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_ TIME OF DEATH / DATE OF DEATH / PLACE OF DEATH \_\_\_\_\_  
DEATH DUE TO INFECTIOUS/CONTAGIOUS DISEASE YES  NO  PACEMAKER YES  NO  RADIOACTIVE IMPLANT/TREATMENT YES  NO  VETERAN YES  NO

DISPOSITION OF CREMATED REMAINS

ROSEDALE/ROSEHILL SCATTER - NOT WANTED   
 COLUMBARIUM  CEMETERY SCATTER - WITH INSCRIPTION

\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
SIGNATURE

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_  
FOR CREMATORY USE  
REG. MAIL # \_\_\_\_\_ DATE SENT \_\_\_\_\_  
SCATTERING:  
 NOT WANTED \_\_\_\_\_  
 GARDEN \_\_\_\_\_ PAGE # \_\_\_\_\_  
 BY AIR \_\_\_\_\_ PAGE # \_\_\_\_\_  
 AT SEA \_\_\_\_\_ PAGE # \_\_\_\_\_  
 WOOD  CARDBOARD  METAL  DISINTERMENT

REGISTERED MAIL TO:  OR PICK UP BY:   
1. FUNERAL DIRECTOR   
2. AUTHORIZING AGENT   
3. OTHER (Complete Below)   
\_\_\_\_\_  
NAME (TYPE OR PRINT)  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE  
PHONE: ( ) \_\_\_\_\_

I CERTIFY THAT I HAVE FULL POWER AND AUTHORITY TO ARRANGE FOR THE CREMATION AND DISPOSITION OF THE DECEASED. ALL NON-COMBUSTIBLE MATERIALS DELIVERED WITH THE HUMAN REMAINS WILL BE DISPOSED OF BY THE COMPANY. I HEREBY AGREE TO INDEMNIFY AND KEEP HARMLESS THE ROSEHILL CEMETERY ASSOCIATION AND ITS REPRESENTATIVES FOR AND FROM ALL LIABILITY DUE TO SAID AUTHORIZATION, CREMATION AND DISPOSITION OF THE CREMATED REMAINS AS STATED ON THE REVERSE SIDE.

NAME (PRINT OR TYPE) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

IMPORTANT! -- DISPOSITION OF CREMATED REMAINS

THE CREMATION PROCESS IS BY NO MEANS "FINAL." DISPOSITION AND MEMORIALIZATION OF CREMATED REMAINS THROUGH AN APPROPRIATE MEMORIAL LOCATION SHOULD BE COMPLETED AT THE SAME TIME AS FUNERAL ARRANGEMENTS.

ENTER HERE PROPOSED DISPOSITION OF CREMATED REMAINS:

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 \_\_\_\_\_ LIC. # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY STATE ZIP CODE DATE \_\_\_\_\_

FOR CREMATORY USE -- CREMATED REMAINS RECEIVED BY:

NAME (PRINT OR TYPE) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ DR. LIC. # \_\_\_\_\_