

ROSEHILL CREMATION AUTHORIZATION
(PLEASE PRINT OR TYPE)

NAME OF DECEASED: _____			AGE _____	REG. NUMBER _____
ADDRESS _____			CITY _____	STATE _____
CAUSE OF DEATH _____			TIME OF DEATH _____	DATE OF DEATH _____
PLACE OF DEATH _____				

DEATH DUE TO INFECTIOUS/ CONTAGIOUS DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	PACEMAKER YES <input type="checkbox"/> NO <input type="checkbox"/>	RADIOACTIVE IMPLANT/ TREATMENT YES <input type="checkbox"/> NO <input type="checkbox"/>	VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>
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DISPOSITION OF CREMATED REMAINS

ROSEDALE/ROSEHILL	SCATTER - NOT WANTED <input type="checkbox"/>	_____
<input type="checkbox"/> COLUMBARIUM <input type="checkbox"/> CEMETERY	SCATTER - WITH INSCRIPTION <input type="checkbox"/>	_____
		SIGNATURE _____
		SIGNATURE _____

LOCATION _____	DATE _____
FOR CREMATORY USE	
REG. MAIL # _____	DATE SENT _____
SCATTERING:	
<input type="checkbox"/> NOT WANTED _____	PAGE # _____
<input type="checkbox"/> GARDEN _____	PAGE # _____
<input type="checkbox"/> BY AIR _____	PAGE # _____
<input type="checkbox"/> AT SEA _____	PAGE # _____
<input type="checkbox"/> WOOD	<input type="checkbox"/> CARDBOARD
<input type="checkbox"/> METAL	<input type="checkbox"/> DISINTERMENT

PRIORITY MAIL EXPRESS 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.

Sign

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. # _____