

Cremation Authorization

Tag # _____

Greenwood Crematory

Date: _____

185 McClellan Street, NJ 07114 - Tel. 973-821-6871 Fax 973-821-7288 GREENWOOD@GRENDEVOO.COM

Identification

Deceased: _____ Date of Birth _____ Age: _____ Sex: _____

Last Residence of Deceased if known: _____

Place of Death: City/Township: _____ County: _____ State: _____

Date of Death: _____ Time of Death: _____ AM PM Death Caused by Contagious Disease? Yes No

Was the decedent treated with radioactive therapy? Yes No Unknown If yes, specify type & last date of treatment: _____
Have all surgical implants been removed? Yes No **** PLEASE REFER TO REQUIREMENTS ON BACK OF THIS FORM REGARDING IMPLANTS**

Will you be purchasing a cremation box? Yes No (Cost on Price List)

Authority of Authorizing Agent

I (We), _____ the undersigned, whose address is below, do hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her _____ or that I otherwise serve (served) in the capacity of _____ to the decedent, that I have full legal authority and power, according to the laws of the state of _____, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

→ INITIALS: X
NOK/ Authorizing Agent

Limitation of Liability

I authorize the crematory to reduce the cremains to particles of uniform size and to carry out one of the dispositions stated below. All non-combustible materials delivered with the remains will be disposed or recycled by the Crematorium. I hereby agree to indemnify and keep harmless Greenwood Crematory and its representatives for and from all liability due to said authorization, cremation and disposition of the cremated remains as stated herein.

Final Disposition

After the cremation, has taken place, Greenwood Crematory will arrange for the disposition of the cremated remains as follows:

Ship through USPS; Attention: _____ Address: _____

Release to representative of the Funeral Home (to be picked up within 10 business days to avoid a storage fee starting on the 11th day.)

Date of Disposition (IF KNOWN) _____

Signature of Authorizing Agent(s) ****READ THIS DOCUMENT & REQUIREMENTS ON BACK CAREFULLY BEFORE SIGNING**

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS FINAL AND IRREVERSIBLE.

By executing this Cremation Authorization Form, the undersigned warrant that all statement and representations are true and correct. This Form was

signed by: **Next of Kin** _____ at: (location) _____ This _____ Day of _____, 20____

Authorizing Agent _____ at: (location) _____ This _____ Day of _____, 20____

Signature of Next of Kin or Authorizing Agent X ← sign

Tel. No. (____) _____ EMAIL _____

Address _____ City _____ State _____ Zip _____

Additional Authorizing Agent if necessary _____ Signature _____
Please Print Name

Funeral Director's Verification

I certify that the information given on this form is true, to the best of my knowledge and Greenwood Crematory's rules and regulations have been followed in preparing the body for cremation. All pacemakers, prostheses and silicon and radioactive implants, if any, have been removed. I further certify that the process has been properly explained to the family.

Funeral Home _____ Funeral Directors Name Please Print _____ Funeral Director's Signature & Date _____

Address: _____ Tel. No.: _____ License No.: _____

Type of Container: _____ Contents of Container: _____ Date Received: _____ Time Received: _____

Amount: \$ _____ Method of Payment: CREDIT: _____ CASH _____ CHECK NO: _____ Date Paid: _____ Received by: _____
Greenwood Representative

Receipt for Cremated Remains

Cremated remains picked up by: Funeral Director Next of Kin Third Party (authorization needed)

DATE: _____ TIME: _____ Name (please print): _____ Signature: _____