

APPLICATION FOR CREMATION PERMIT

State of

COUNTY OF} ss:

_____ Being duly sworn

deposes and says that he* / she* resides at _____

and desires that a permit be issued by the Department of Health and Mental Hygiene of the State of

New York for the cremation of the body of _____

who died at _____ on _____

Deponent's assumption of authority to act is based upon the following:

Deponent further states that the deceased [DID]*/ did not* express during life the desire to have

his* / her* remains cremated and his* / her* relationship to deceased is _____

Deponent assumes all responsibility for the cremation of the remains and authorizes

NYC Funeral & Cremation Service Inc.

1850 Westchester Ave., Bronx, NY 10472

_____, a licensed funeral

director/ Funeral Home to make arrangements for said disposal.

Subscribed and sworn to before me this

_____ day of _____
(dd) (month) (year-yyyy)



Signature

Notary Public-Commissioner of Deeds*

*Cross out words that do not apply.