

Cremation Authorization

Tag # _____

Hudson Crematory

Date: _____

5810 Tonnelle Street, North Bergen, NJ 07047 - Tel.: 201-867-0100 - Fax: 201-867-0104 HUDSON@CEMDEVCO.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

Authority of Authorizing Agent next of Kin Funeral Director other _____

I (We), _____, the undersigned, whose address is below, do hereby certify that I have Authority over the disposition of the Deceased and 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.

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 Hudson Crematory and its representatives for and from all liability due to said authorization, cremation and disposition of the cremated remains as stated herein.

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: **Authorizing Agent** _____ at: (location) _____ Date _____

Tel. No. (____) _____ EMAIL _____

Address _____ City _____ State _____ Zip _____

Additional Authorizing Agent if necessary _____ Signature _____
Please Print Name

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) _____

Funeral Director's Verification

I certify that the information given on this form is true, to the best of my knowledge and Hudson Crematory 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.: _____

Will you be purchasing a cremation box? Yes No If NO, container must be rigid, leak free, enclosed, non-hazardous or toxic.

Type of Container: _____ Date Received: _____ Time Received: _____ AM PM

Death Caused by Contagious Disease? Yes No Has the decedent been embalmed? 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

Cremation \$ _____ Container \$ _____ Other Services \$ _____ **TOTAL \$** _____

Method of Payment: CREDIT CASH CHECK Date Paid: _____ Time 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: _____