

ROSEHILL CREMATION AUTHORIZATION  
(PLEASE PRINT OR TYPE)

NAME OF DECEASED _____				AGE _____	REG. NUMBER _____	
ADDRESS _____				CITY _____	STATE _____	ZIP _____
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"/>		

DISPOSITION OF CREMATED REMAINS

ROSEDALE/ROSEHILL _____	SCATTER - NO INSCRIPTION <input type="checkbox"/>	SIGNATURE _____
<input type="checkbox"/> COLUMBARIUM <input type="checkbox"/> CEMETERY	SCATTER - GARDEN WITH INSCRIPTION <input type="checkbox"/>	SIGNATURE _____

LOCATION _____	DATE _____	EXPRESS MAIL TO: <input type="checkbox"/>	OR PICK UP BY: <input type="checkbox"/>
FOR CREMATORY USE		1. FUNERAL DIRECTOR <input type="checkbox"/>	<input type="checkbox"/>
EXPRESS MAIL # _____	DATE SENT _____	2. AUTHORIZING AGENT <input type="checkbox"/>	<input type="checkbox"/>
SCATTERING:		3. OTHER (Complete Below) <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NO INSCRIPTION _____		NAME (TYPE OR PRINT) _____	
<input type="checkbox"/> SCATTER GARDEN _____	PAGE # _____	ADDRESS _____	
<input type="checkbox"/> WOOD <input type="checkbox"/> CARDBOARD <input type="checkbox"/> METAL <input type="checkbox"/> DISINTERMENT		CITY _____	STATE _____ ZIP CODE _____
		PHONE: ( ) _____	

NAME OF DECEASED: \_\_\_\_\_

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 (PRINT OR TYPE) _____	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. # _____