

ROSEHILL CREMATION AUTHORIZATION
(PLEASE PRINT OR TYPE)

NAME OF DECEASED: _____

AGE _____

ADDRESS _____

CITY _____

STATE _____

CAUSE OF DEATH _____

TIME OF DEATH _____

DATE OF DEATH _____

PLACE OF DEATH _____

DEATH DUE TO INFECTIOUS/
CONTAGIOUS DISEASE
YES ☐ NO ☐

PACEMAKER
YES ☐ NO ☐

RADIOACTIVE IMPLANT/
TREATMENT
YES ☐ NO ☐

VETERAN
YES ☐ NO ☐

DISPOSITION OF CREMATED REMAINS

ROSEDALE/ROSEHILL

SCATTER - NOT WANTED ☐

SIGNATURE _____

☐ COLUMBARIUM ☐ CEMETERY

SCATTER - WITH INSCRIPTION ☐

SIGNATURE _____

LOCATION _____

DATE _____

FOR CREMATORY USE

REG. MAIL # _____ DATE SENT _____

SCATTERING:
☐ NOT WANTED _____
☐ GARDEN _____ PAGE # _____
☐ BY AIR _____ PAGE # _____
☐ AT SEA _____ PAGE # _____
☐ WOOD ☐ CARDBOARD ☐ METAL ☐ 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.

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. # _____