

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"/>
<b>DISPOSITION OF CREMATED REMAINS</b>			
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"/>	
EXPRESS MAIL # _____		2. AUTHORIZING AGENT <input type="checkbox"/>	
DATE SENT _____		3. OTHER (Complete Below) <input type="checkbox"/>	
SCATTERING:		NAME (TYPE OR PRINT) _____	
<input type="checkbox"/> NO INSCRIPTION _____		ADDRESS _____	
<input type="checkbox"/> SCATTER GARDEN _____		CITY _____ STATE _____ ZIP CODE _____	
PAGE # _____		PHONE: (     ) _____	
<input type="checkbox"/> WOOD <input type="checkbox"/> CARDBOARD <input type="checkbox"/> METAL <input type="checkbox"/> DISINTERMENT			

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. # _____