

ROSEHILL CREMATION AUTHORIZATION
(PLEASE PRINT OR TYPE)

NAME OF DECEASED: _____ AGE _____
 _____ ADDRESS _____ CITY _____ STATE _____

REG. NUMBER _____
 CREMATION DATE _____
 TIME OF CREMATION _____

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
 COLUMBARIUM CEMETERY SCATTER - WITH INSCRIPTION

 SIGNATURE

 SIGNATURE

LOCATION _____ DATE _____

REGISTERED MAIL TO: OR PICK UP BY:
 1. FUNERAL DIRECTOR
 2. AUTHORIZING AGENT
 3. OTHER (Complete Below)

FOR CREMATORY USE
 REG. MAIL # _____ DATE SENT _____
 SCATTERING:
 NOT WANTED _____
 GARDEN _____ PAGE # _____
 BY AIR _____ PAGE # _____
 AT SEA _____ PAGE # _____
 WOOD CARDBOARD METAL DISINTERMENT

 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. # _____