



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

ZIPCODE

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

ZIPCODE

DATE

FOR CREMATORY USE – CREMATED REMAINS RECEIVED BY:

NAME (PRINT OR TYPE)

SIGNATURE

ADDRESS

DATE

DR. LIC. #