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TO WHOM IT MAY CONCERN:

I, _____, attest that, prior to the death of _____, I was a _____ to him/her and he/she told me the following:

- a. that I shall be responsible for authorizing and directing the disposition of his/her remains by cremation and to dispose of the cremated remains by _____.
- b. that there are no surviving heirs or relatives.
- c. that there is no written document contradicting the decedent's wishes.
- d. that I/we shall agree to defend and indemnify Rosedale and Rosehill Cemetery Association against any and all claims that may arise from the handling, storage, cremation and disposition of the cremated remains.

Signature

Signature

Notary Signature

Sworn before me
this ____ day
of _____, 20__.

I CERTIFY THAT THE FOREGOING AUTHORITY AND CERTIFICATE ARE JUST AND TRUE TO THE BEST OF MY KNOWLEDGE:

Funeral Director Lic. #

(AUTHORIZING AGENT'S SIGNATURE MUST BE NOTARIZED)