

**MONMOUTH MEMORIAL PARK CREMATION AUTHORIZATION**

(PLEASE TYPE OR PRINT IN INK: FILL ALL SPACES)

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Death

\_\_\_\_\_  
Time of Death

\_\_\_\_\_  
Cause of Death

**BIOHAZARD** YES  NO

**EMBALMED** YES  NO

**PACEMAKER OR RADIATION IMPLANT (SPECIFY)** YES \* NO

\*I CERTIFY THAT ALL SUCH DEVICES HAVE BEEN REMOVED \_\_\_\_\_  
Initial by Funeral Director

**DISPOSITION OF CREMATED REMAINS**

- RETURN TO FUNERAL DIRECTOR
- RETURN TO AUTHORIZING PARTY
- GROUND INTERMENT AT M.M.P.
- NICHE OR COLUMBARIUM AT M.M.P.

**NOT WANTED—PERMISSION HEREBY GRANTED TO M.M.P. TO RETURN CREMATED REMAINS TO EARTH AS IT DEEMS APPROPRIATE**

\_\_\_\_\_  
Signature of Authorizing Party

FOR CREMATORY USE

\_\_\_\_\_  
REG. NUMBER

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
CREMATION DATE

\_\_\_\_\_  
CONTAINER

\_\_\_\_\_  
NOTES

I HEREBY CERTIFY THAT I HAVE FULL POWER AND AUTHORITY TO ARRANGE FOR THE CREMATION OF THE ABOVE NAMED DECEASED AND TO DIRECT THE DISPOSITION OF THE CREMATED REMAINS. I HEREBY AGREE TO PROTECT, DEFEND AND KEEP HARMLESS THE MONMOUTH MEMORIAL PARK CEMETERY AND CREMATORY ASSOCIATION AND ITS REPRESENTATIVES FOR ANY AND ALL LIABILITY DUE TO SAID AUTHORIZATION AND CREMATION AND DIRECT THE DISPOSITION OF THE CREMATED REMAINS AS STATED ON THE REVERSE SIDE.

\_\_\_\_\_  
NAME (PRINT OR TYPE) RELATIONSHIP

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

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**

I HEREBY CERTIFY THAT ON THIS DATE I RECEIVED THE CREMATED REMAINS OF THE ABOVE NAMED DECEASED.

\_\_\_\_\_  
NAME (PRINT OR TYPE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY, STATE AND ZIP

\_\_\_\_\_  
DR. LIC. # OR OTHER I.D.

- RETURNED BY MAIL TO:  AUTHORIZING PARTY (ATTACH P.O. RECEIPT)
  - FUNERAL DIRECTOR
  - OTHER (NAME OF PERSON OR INSTITUTION, ADDRESS)
- \_\_\_\_\_  
DATE SENT