

Megaro

MEMORIAL HOME, INC.

Cremation No. _____ **East Ridgelawn Cemetery** CREMATION AUTHORIZATION

Name of Deceased _____

Place of Birth _____ Single Married Widowed Divorced Separated

Last Residence _____

Place of Death _____ Date of Death _____

Cause of Death _____ Infectious/Contagious Yes No

Name of Funeral Home _____

Excluded are metal-lined cases and caskets of metal, fiberglass, plastic, and substance that is not combustible or that would be injurious to the cremation chamber.

PACEMAKER MUST BE REMOVED

Has the deceased been treated with therapeutic radionuclides? Yes No

If yes, when was the treatment administered (date) _____

The undersigned, as legal custodian of the remains of the above named deceased, hereby authorizes East Ridgelawn Cemetery to cremate and disposed of such remains, according to the NS Title 8A: 5-18, in the following manner:

Pick-Up Mail Inter in East Ridgelawn Cemetery

Funeral Director Name _____ Telephone _____

Address _____

Family Name _____

Address _____

Cemetery Name _____

Address _____

SPECIAL INSTRUCTIONS _____

<p>Office Use Only</p> <p>Funeral arrived at Cemetery at _____ o'clock on _____ the _____ day of _____ 20____.</p> <p>Posted: O _____ D _____ Welfare \$ _____ Charge \$ _____ Paid \$ _____.</p>
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<p>Office Use Only</p> <p>Pick-Up of Cremated Remains</p> <p>Received from East Ridgelawn Cemetery and Crematory, Cremation No. _____.</p> <p>Funeral Home Signature _____ Date Received _____ License Number _____</p> <p>Other: Print Name _____ Signature _____ Date Received _____</p>
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THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

UNDER NEW JERSEY STATE LAW, AUTHORIZATION TO CREMATE IN THE FOLLOWING ORDER OF PRIORITY: 1. Pre-signed authorization by the decedent. 2. Legal surviving spouse. 3. Majority of blood-related children over 18 years of age. 4. Surviving parents. 5. Majority of blood-related siblings. 6. Court of competent jurisdiction. NOTE: An individual having power of attorney is NOT acceptable as an Authorizing Agent. IF THE LEGAL NEXT OF KIN, OR ALL PERSONS OF THE SAME DEGREE ARE NOT SIGNING BELOW AS AUTHORIZING AGENT(S), SEPARATE AUTHORIZATION(S), IF NECESSARY, SHALL BE ATTACHED TO AND CONSIDERED PART OF THIS FORM.

SIGNATURE(S) OF AUTHORIZING AGENTS

I (we) certify that I (we) have full power and authority to arrange for the cremation and disposition of the deceased according to NJ Title 8A: 5-18, Agent(s) must also initial indemnification below.

NAME (PRINT) RELATIONSHIP SIGNATURE

ADDRESS

NAME (PRINT) RELATIONSHIP SIGNATURE

ADDRESS

NAME (PRINT) RELATIONSHIP SIGNATURE

ADDRESS

NAME (PRINT) RELATIONSHIP SIGNATURE

ADDRESS

EAST RIDGELAWN CEMETERY CREMATION AUTHORIZATION

As the Authorizing Agent(s) I (we) hereby agree to indemnify, defend and hold harmless East Ridgelawn Cemetery and Crematory, its officers, agents and employees, of and from any and all claims, demands, causes of action and suits of any kind, nature and description, in law or equity, including any legal fees, costs, and expenses of litigation, arising as a result of, based upon or connected with this Authorization, including failure to properly identify the decedent of the human remains transmitted to East Ridgelawn Cemetery and Crematory, the processing, shipping, and final disposition of the cremated remains, the failure to take possession of or proper arrangements for the final disposition of the cremated remains, any damage to harmful or explodable implants, claims brought about by any other person(s) claiming the right to control the disposition of the decedent's cremated remains, or any other action performed by East Ridgelawn Cemetery and Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Initials of Authorizing Agent(s) _____

Executed at _____ this _____ Day of _____ 20 _____

Signature of Funeral Director as Witness of Signature(s) of Authorizing Agent: _____

Name and Address of Funeral Home: _____

By executing this Authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant, to the best of my knowledge, the following:

That no member of our funeral home has any knowledge of information that would lead us to believe that any of the answers provided on this form by the Authorizing Agent(s) are incorrect.

Licensed Funeral Director Date License Number