

APPLICATION FOR CREMATION PERMIT

To the Office of Vital Records, Department of Health, the City of New York, the State of New York, COUNTY OF _____

_____ being duly sworn deposes and says
(applicant's name)

that he she resides at _____

_____ *(applicant's address)*

and desires that a permit be issued by the Department of Health of the City of New York for the cremation of the body of _____

who died at _____ on _____
(location) *(date: xx/xx/xx)*

Deponent's assumption of authority to act is based upon the following:

Deponent further states that the deceased did did not express during life the desire to have his her remains cremated and his her relationship to deceased is _____.

Deponent assumes all responsibility for the cremation of the remains and authorizes **Robert M Charubini**, a licensed funeral director, to make arrangements for said disposal.

Subscribed and sworn to before me this _____ day of _____, _____
(dd) *(month)* *(year-yyyy)*

(Signature)

Notary Public-Commissioner of Deeds*