

Cremation Authorization
Liberty Grove Memorial Gardens Crematory
549 Morristown Road, Old Bridge, NJ 08857

Identification

Deceased: _____ Age: _____ Sex: _____ Race: _____
Place of Death: City/Township: _____ County: _____ State: _____
Date of Death: _____ Time of Death: _____ AM PM Death Caused By Contagious Disease Yes No
Was the decedent treated with radioactive therapy? Yes No Unknown Pacemaker Yes No
If yes, please specify type: _____ Initials: _____

Authorizing Agent(s)

I (We) certify that I have / have not identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Liberty Grove Memorial Gardens for cremations.

Initials: _____

Authorizing Agent(s)

Authority of Authorizing Agent

I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her _____ or that I otherwise serve (served) in the capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of _____ to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling.

Initials: _____

Authorizing Agent(s)

Limitation of Liability

I certify I have fully power and authority to arrange for the cremation and disposition of the deceased. I further authorize the crematory to reduce the cremains to particles of uniform size, to carry out one of the following dispositions, all non-combustible materials delivered with the remains will be disposed of by the company. I hereby agree to indemnify and keep harmless Liberty Grove Memorial Gardens and its representatives for and from all liability due to said authorization, cremation and disposition of the cremated remains as stated herein.

Initials: _____

Authorizing Agent(s)

Final Disposition

After the cremation has taken place and the cremains reduced to particles of uniform size, Liberty Grove Memorial Gardens will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes Liberty Grove Memorial Gardens, to release or ship cremated remains as specified below:

Initials: _____

Authorizing Agent(s)

Ship through U.S. Postmaster via Register Mail, Mail to:

Street Address: _____ City: _____ State: _____ Zip: _____

Signature of Authorizing Agent(s)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.

CREMATION IS FINAL AND IRREVERSIBLE.

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Cremation Authorization Form, the undersigned warrants that all statements and representations are true and correct

Executed at **All Boro Cremation Services** this _____ day of _____, 20_____

Name of Authorizing Agent _____ Signature of Authorizing Agent _____

Relationship to Deceased _____

Funeral Director's Verification

I certify that the information given on this form is true and Liberty Grove Memorial Gardens rules and regulations have been followed in preparing the body for cremation. All pacemakers, silicon and radioactive implants, if any, have been removed. I further certify that the process has been properly explained to the family.

ALL BORO CREMATION SERVICES

Funeral Home

Funeral Director's Signature

Date

Address: **1289 Forest Avenue, Staten Island, New York, 10302**

License No: **10633**

Payment

Cremation Fee: \$

Mailing Fee: \$

Total Amount Paid: \$

Method of Payment

Cash

Check # _____

Money Order

Community Niche

Niche Crypt

Receipt for Cremated Remains

Cremated remains of deceased picked up from Liberty Grove Memorial Gardens this day of _____,
20__ by, Print Name: _____ Signature: _____

Crematory Use Only

Date Arrived:

Time Arrived:

Person Delivering Body & Forms:

Distribution: White-Crematory Office Canary-Funeral Director Pink-Family