

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 \_\_\_\_\_

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 NJ Title 8A: 5-18, in the following manner:

Pick-Up  Mail  Inter in East Ridgelawn Cemetery

**Funeral Director** Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Family** Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Cemetery** Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	<b>Pick-Up of Cremated Remains</b>	
Received from East Ridgelawn Cemetery and Crematory, Cremation No. _____		
Funeral Home Signature _____	Date Received _____	License Number _____
Other: Print Name _____	Signature _____	Date Received _____

**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.**

**THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

Cremation and final dispositions will be performed in accordance with all governing laws as well as the policies and procedures established by the State of New Jersey.

Cremation will only take place after all of the following conditions have been met:

1. 24 Hours have transpired since the death occurred (pronounced time of death) - N.J.S.A. 26:18.1,
2. Civil and medical authorities have issued all necessary permits- N.J.S.A. 26:7-16,
3. Necessary authorizations have been obtained, and no objections have been raised,
4. Positive identification of deceased has been accomplished by the next of kin or legal representative,
5. Any scheduled ceremonies or viewings have been completed.

**SIGNATURE(S) OF AUTHORIZING AGENT(S)**

I (we) certify that (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 or 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 due to harmful or explodable implants, claims brought about by any other person(s) claiming the right to control the disposition of the decedent or 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 \_\_\_\_\_