

APPLICATION FOR CREMATION PERMIT

To the Office of Vital Records, Department of Health, The City of New York

State of New York

COUNTY OF } ss.:

..... being duly sworn deposes and says that he*/she* resides at

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

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, 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*

*Cross out words that do not apply.