

ROSEHILL CREMATION AUTHORIZATION
(PLEASE PRINT OR TYPE)

REG. NUMBER _____
 CREMATION DATE _____
 TIME OF CREMATION _____

NAME OF DECEASED: _____ AGE _____
 ADDRESS _____ CITY _____ STATE _____

CAUSE OF DEATH _____ TIME OF DEATH / _____ DATE OF DEATH / _____ PLACE OF DEATH _____

DEATH DUE TO INFECTIOUS/
 CONTAGIOUS DISEASE
 YES NO

PACEMAKER
 YES NO

RADIOACTIVE IMPLANT/
 TREATMENT
 YES NO

VETERAN
 YES NO

DISPOSITION OF CREMATED REMAINS

ROSEDALE/ROSEHILL _____ SCATTER - NOT WANTED _____
 COLUMBARIUM CEMETERY _____ SCATTER - WITH INSCRIPTION _____

 SIGNATURE

 SIGNATURE

LOCATION _____ DATE _____

FOR CREMATORY USE

REG. MAIL # _____ DATE SENT _____

SCATTERING:
 NOT WANTED _____
 GARDEN _____ PAGE # _____
 BY AIR _____ PAGE # _____
 AT SEA _____ PAGE # _____

WOOD CARDBOARD METAL DISINTERMENT

REGISTERED MAIL TO: OR PICK UP BY:

1. FUNERAL DIRECTOR
 2. AUTHORIZING AGENT
 3. OTHER (Complete Below)

 NAME (TYPE OR PRINT)

 ADDRESS

 CITY _____ STATE _____ ZIP CODE _____
 PHONE: () _____

I CERTIFY THAT I HAVE FULL POWER AND AUTHORITY TO ARRANGE FOR THE CREMATION AND DISPOSITION OF THE DECEASED. ALL NON-COMBUSTIBLE MATERIALS DELIVERED WITH THE HUMAN REMAINS WILL BE DISPOSED OF BY THE COMPANY. I HEREBY AGREE TO INDEMNIFY AND KEEP HARMLESS THE ROSEHILL CEMETERY ASSOCIATION AND ITS REPRESENTATIVES FOR AND FROM ALL LIABILITY DUE TO SAID AUTHORIZATION, CREMATION AND DISPOSITION OF THE CREMATED REMAINS AS STATED ON THE REVERSE SIDE.

NAME (PRINT OR TYPE) _____ RELATIONSHIP _____ SIGNATURE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

IMPORTANT! -- DISPOSITION OF CREMATED REMAINS
 THE CREMATION PROCESS IS BY NO MEANS "FINAL." DISPOSITION AND MEMORIALIZATION OF CREMATED REMAINS THROUGH AN APPROPRIATE MEMORIAL LOCATION SHOULD BE COMPLETED AT THE SAME TIME AS FUNERAL ARRANGEMENTS.

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

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ENTER HERE PROPOSED DISPOSITION OF CREMATED REMAINS:

I CERTIFY THAT THE FOREGOING AUTHORITY AND CERTIFICATE ARE JUST AND TRUE TO THE BEST OF MY KNOWLEDGE:

FUNERAL HOME (TYPE OR PRINT) _____ FUNERAL DIRECTOR SIGNATURE _____ LIC. # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ DATE _____

FOR CREMATORY USE -- CREMATED REMAINS RECEIVED BY:
 NAME (PRINT OR TYPE) _____ SIGNATURE _____