

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: ()