

Cremation Society of New Jersey, Inc.

Thomas J. McNamara, Manager - N.J. Lic. No. 3565

583 Van Houten Avenue

Clifton, NJ 07013

Phone 800-833-2843 Fax 973-614-8411

CREMATION AUTHORIZATION

The undersigned hereby requests and authorizes Cremation Society Of New Jersey, Inc., in accordance with the laws for the State of NJ to cremate the remains of _____ who died on DATE _____ at LOCATION _____ and to have the cremated remains to particles of uniform size. The undersigned certifies and represents that he or she has the right to authorize this cremation and agrees to hold Cremation Society Of New Jersey, Inc. harmless from all liability and expense including attorneys' fees that may incur as a result of its compliance with the request.

The undersigned assumes all responsibility for the cremation of the afore-mentioned remains and authorizes Cremation Society Of New Jersey, Inc. to make arrangements for said cremation.

Print Name of Next of Kin/Legal Representative

Relationship/Authority to sign

Signature of Next of Kin/Legal Representative

Phone

Address

City, State, Zip