

ROSEHILL CREMATION AUTHORIZATION  
(PLEASE PRINT OR TYPE)

|  |   |   |   |                |
|--|---|---|---|----------------|
| NAME OF DECEASED:  |   |   | AGE   | REG. NUMBER    |
| ADDRESS  | CITY  | STATE   |   | CREMATION DATE |
| CAUSE OF DEATH   | TIME OF DEATH   | DATE OF DEATH   | PLACE OF DEATH  |                |
| DEATH DUE TO INFECTIOUS/<br>CONTAGIOUS DISEASE<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | PACEMAKER<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | RADIOACTIVE IMPLANT/<br>TREATMENT<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | VETERAN<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                |

**DISPOSITION OF CREMATED REMAINS**

|  |                            |                          |           |
|--|----------------------------|--------------------------|-----------|
| ROSEDALE/ROSEHILL  | SCATTER - NOT WANTED       | <input type="checkbox"/> | SIGNATURE |
| <input type="checkbox"/> COLUMBARIUM <input type="checkbox"/> CEMETERY | SCATTER - WITH INSCRIPTION | <input type="checkbox"/> | SIGNATURE |

|   |           |
|---|-----------|
| LOCATION  | DATE      |
| FOR CREMATORY USE   |           |
| REG. MAIL #   | DATE SENT |
| SCATTERING:   |           |
| <input type="checkbox"/> NOT WANTED   | PAGE #    |
| <input type="checkbox"/> GARDEN   | PAGE #    |
| <input type="checkbox"/> BY AIR   | PAGE #    |
| <input type="checkbox"/> AT SEA   | PAGE #    |
| <input type="checkbox"/> WOOD <input type="checkbox"/> CARDBOARD <input type="checkbox"/> METAL <input type="checkbox"/> 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.

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                            |
| ADDRESS              | DATE                      DR. LIC. # |