



Cremation Authorization

IF THE LEGAL NEXT OF KIN, OR ALL PERSONS OF THE SAME DEGREE ARE NOT SIGNING BELOW AS AUTHORIZING AGENT(S), SEPARATE AUTHORIZATION(S), IF NECESSARY, SHALL BE ATTACHED TO AND CONSIDERED PART OF THIS FORM.

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Cremation and final dispositions will be performed in accordance with all governing laws as well as the policies and procedures established by the State of New Jersey.

Cremation will only take place after all of the following conditions have been met:

1. 24 Hours have transpired since the death occurred (pronounced time of death) - N.J.S.A. 26:18.1,
2. Civil and medical authorities have issued all necessary permits- N.J.S.A. 26:7-16,
3. Necessary authorizations have been obtained, and no objections have been raised,
4. Positive identification of deceased has been accomplished by the next of kin or legal representative,
5. Any scheduled ceremonies or viewings have been completed.

SIGNATURE(S) OF AUTHORIZING AGENT(S)

I (we) certify that (we) have full power and authority to arrange for the cremation and disposition of the deceased according to NJ Title 8A: 5-18. Agent(s) must also initial indemnification below.

NAME (PRINT) _____ Relationship _____ SIGNATURE _____

ADDRESS _____

NAME (PRINT) _____ Relationship _____ SIGNATURE _____

ADDRESS _____

NAME (PRINT) _____ Relationship _____ SIGNATURE _____

ADDRESS _____

NAME (PRINT) _____ Relationship _____ SIGNATURE _____

ADDRESS _____

CEMETERY CREMATION AUTHORIZATION

As the Authorizing Agent(s) I (we) hereby agree to indemnify, defend and hold harmless _____ Cemetery and Crematory, its officers, agents and employees, of and from any and all claims, demands, causes of action and suits of any kind, nature and description, in law or equity, including any legal fees, costs, and expenses of litigation, arising as a result of, based upon or connected with this Authorization, including failure to properly identify the decedent or the human remains transmitted to _____ Cemetery and Crematory, the processing, shipping, and final disposition of the cremated remains, the failure to take possession of or proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought about by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by _____ Cemetery and Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Initials of Authorizing Agent(s) _____

Executed at _____ this _____ Day of 20 _____

Signature of Funeral Director as Witness of Signature(s) of Authorizing Agent

GardenHill Funeral Directors Service, Inc.

Name and Address of Funeral Home

579 Grove Street, Irvington, New Jersey 07111

973-675-8401



Garden Hill Funeral Directors Service, Inc.

579 Grove Street, Irvington, NJ 07111

Betty R. Hill - Manager - NJ Lic. No. 4156

Authorization of Services by Appropriate Parties

Name of Decedent:	Date of Death:
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Authorized Funeral Agent

The deceased has appointed an authorized funeral agent as defined in N.J.S.A. 3B:10-21.1 and N.J.S.A. 45:27-22

Print Name: _____

(If no funeral agent, proceed to surviving heirs at law.)

Surviving Heirs at Law

I/We hereby certify that the decedent left the following surviving heirs at law:

Spouse, Civil Union Partner or Domestic Partner *(Separated spouses should be listed. Divorced spouses should not be listed.)*

Yes No Name: _____

If no spouse/civil union/domestic partner proceed to biological and legally adopted children of deceased. *(Do not include stepchildren)*

Children over 18 years old? Yes No How many? _____ List names below:

If no children over 18 years old proceed to biological and legally adoptive parents of the deceased. *(Do not include stepparents.)*

Parent(s)? Yes No How many? _____ List names below:

If no parents proceed to siblings. List biological siblings and those related by adoption. *(No stepbrothers or stepsisters.)*

Sibling(s)? Yes No How many? _____ List names below:

If no siblings state name and relationship of authorizing party.

Name: _____ Relationship to Decedent: _____

Having disclosed the survivors above, I/we certify that I/we am/are the closest living next of kin to the decedent and that I/we am/are related as stated above, that I/we have charge of the body and as such possess full legal authority and power according to the laws of the State of New Jersey, to execute the authorization form and to arrange for the disposition of the remains of the decedent.

In addition, I/we are aware of no objection to these arrangements by any spouse, civil union or domestic partner, child, parent, or sibling specified. I/we authorize this funeral home to perform the funeral arrangements of the decedent in accordance with the terms outlined in the accompanying Statement of Funeral Goods and Services Selected.

Indemnification

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, & hold harmless the funeral home, its officers, agents & employees from any and all claims, demands, causes of action, & suits of every kind, nature and description, in law or equity, including any legal fees, costs & expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or human remains transported to the funeral home, claims brought by any other person(s) claiming the right to control the disposition of the decedent, or any other action performed by the funeral home, its officers, agents or employees, pursuant to this authorization, excepting on acts of willful negligence.

Attestation

By executing this form, as Authorizing Agent(s), the undersigned warrant that all representations & statements contained on this form are true & correct, that these statements were made to induce the funeral home to arrange for the final disposition of the body of the decedent, & that the undersigned have read & understand the provisions in this form. The activities the firm provides that require permission from the next of kin include the transfer of remains, embalming, cremation, entombment and burial.

Name	Date	Signature
Address		
Name	Date	Signature
Address		
Name	Date	Signature
Address		

New Jersey's Law Pertaining to Right to Control the Funeral

Right to Control N.J.S.A. 45:27-22

a. If a decedent, in a will as defined in N.J.S.3B:1-2, appoints a person to control the funeral and disposition of the human remains, the funeral and disposition shall be in accordance with the instructions of the person so appointed. A person so appointed shall not have to be the executor of the will. The funeral and disposition may occur prior to probate of the will, in accordance with section 40 of P.L.2003, c.261 (C.3B: 10-21.1). If the decedent has not left a will appointing a person to control the funeral and disposition of the human remains, the right to control the funeral and disposition of the human remains shall be in the following order, unless other directions have been given by a court of competent jurisdiction.

- (1) The surviving spouse of the decedent or the surviving domestic partner. (Effective February 19, 2007 Civil Union Partners have the same rights under this statute as spouses.)
- (2) A majority of the surviving adult children of the decedent.
- (3) The surviving parent or parents of the decedent.
- (4) A majority of the brothers and sisters of the decedent.
- (5) Other next of kin of the decedent according to the degree of consanguinity.
- (6) If there are no known living relatives, a cemetery may rely on the written authorization of any other person acting on behalf of the decedent.

For purposes of this subsection "domestic partner" means a domestic partner as defined in section 3 of P.L..2003, c. 246 (C.26:8A-3).

b. A cemetery may permit the disposition of human remains on the authorization of a funeral director handling arrangements for the decedent, or on the written authorization of a person who claims to be, and is believed to be, a person who has the right to control the disposition. The cemetery shall not be liable for disposition pursuant to this authorization unless it had reasonable notice that the person did not have the right to control the disposition.

[Unrelated language omitted]

d. A person who signs an authorization for the funeral and disposition of human remains warrants the truth of the facts stated, the identity of the person whose remains are disposed and the authority to order the disposition. The person shall be liable for damages caused by a false statement or breach of warranty. A cemetery or funeral director shall not be liable for disposition in accordance with the authorization unless it had reasonable notice that the representations were untrue or that the person lacked the right to control the disposition.

Appointment of Person to Control Funeral and Disposition N.J.S.A. 3B:10-21.1

Prior to probate, a decedent's appointment of a person in a will to control the funeral and disposition of human remains may be carried out in accordance with section 22 of P.L.2003, c. 261 (C.45:27-22). If known to them, a person named executor in a will shall notify such a person of their appointment and advise them of what financial means are available to carry out the funeral and disposition arrangements.



Garden Hill Funeral Directors Service, Inc.

File# _____

579 Grove Street, Irvington, NJ 07111
Betty R. Hill - Manager - NJ Lic. No. 4156
(973) 675-8401 Fax (973) 866-5656

VITAL STATISTICS

Name _____ Sex _____ Race _____

RESIDENCE
Address _____ City, State, Zip _____

Phone _____ County _____ In City Limits? _____

Year Moved Here _____ Out of Town Residence From _____

Marital Status _____ Social Security Number _____

Military Service _____ Branch/Number of Years _____/_____

Highest Grade of Education Completed (*if college, specify level of degree*) _____

Date of Birth _____ Age _____ Hispanic/Haitian _____

Birthplace City _____ Birthplace State _____

Occupation _____ Name of Company _____

Fathers Name _____ Mothers Maiden Name _____

Informant Name _____ Address _____

City, State, Zip _____ Phone _____

PLACE OF DEATH (to be completed by funeral service provider)

Hospital/Institution _____

City, State, Zip _____

County _____ In City Limits? Yes _____ No

Date of Death _____ Time of Death _____

Inpatient, ER, DOA _____ Autopsy _____

Doctor _____ Address _____

City, State, Zip _____ Phone _____



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579 Grove Street
Irvington, NJ 07111



Betty R. Hill, Manager
NJ Lic. No. 4156

Tel.: 973-675-8401
Fax: 973-866-5656

AUTHORIZATION FOR REMOVAL

(Name of Institution)

To release the body of _____
(Deceased)

to **GardenHill Funeral Director Services, Inc.** and/or its agents.
(Name of Funeral Home)

I, verbally authorize the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of my _____.

I attest that I have the legal authority to take this action.

Per

Name

Address

I, _____ authorized the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of my _____.

I attest that I have the legal authority to take this action.

(Sign)

(Date)