

APPLICATION FOR CREMATION PERMIT

To the Office of Vital Record, Department of Health, The City of New York State of New York

COUNTY OF.....}ss.:

.....being duly sworn

deposes and says that he*/she* resides at

and desires that a permit be issued by the Department of Health of the City of New York for the

cremation of the body of

Who died aton

Deponent's assumption of authority to act is based upon the following:

Deponent further states that the deceased did*/did not* express during life the desire to have

his*/her remains cremated and his*/her* relationship to deceased is

Deponent assumes all responsibility for the cremation of the remains and authorizes Flynn Funeral & Cremation

Memorial Centers, Inc., 139 Stage Road, Monroe, N.Y. 10950, a licensed funeral director, to

make arrangements for said disposal.

Subscribed and sworn to before me this

.....day of.....
(dd) (month) (year-yyyy)

.....
Signature

.....

Notary Public-Commissioner of Deeds*

*Cross out words that do no apply