

APPLICATION FOR CREMATION PERMIT

To the Office of Vital Records, Department of Health and Mental Hygiene, 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 and Mental Hygiene of the City of
New York for the cremation of the body of .....
who died at ..... on .....

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 .....
....., 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 not apply.