N.F. WALKER

OF QUEENS, INC. FUNERAL HOMES

87-34 80th Street Woodhaven, N.Y. 11421 (718) 296-4343

PAUL J. RUDOLPH, Owner and Manager Comforting, yet elegant surroundings

State of New York

Cross out words that do not apply.

County of



being duly sworn deposes and says that

Cremation Authorization Affidavit

| he*/she* resides at | | | | |
|--|------------------|---------------|----------------|-----------------|
| and desires that a permit be issued by the Dep | artment of He | alth and Ment | al Hygiene of | the City of New |
| York for the cremation of the body of | <u> </u> | | | |
| who died at | | | n | |
| Deponent's assumption of authority to act is b | pased upon the | following: | | |
| , | | | | |
| | | | | |
| | | | • | |
| Deponent further states that the deceased did remains cremated and his*/her* relationship to | | | | |
| Deponent assumes all responsibility for the cr | emation of the | remains and a | authorizes | |
| , a licensed fune | ral director, to | make arrange | ments for said | disposal. |
| Subscribed and sworn to before me this | | day of _ | | • |
| •• | (dd) | | (month) | (year-yyyy) |
| Notary Public-Commissioner of Deeds* | | | | |
| Signature authorizing family member(s) | | | | |