

## CREMATION AUTHORIZATION

The undersigned hereby requests and authorizes NEW YORK DIGNIFIED OPTIONS, INC., in accordance with the laws for the State of New York to cremate the remains of \_\_\_\_\_ who died on the \_\_\_ day of \_\_\_\_\_ 201\_\_ at \_\_\_\_\_ and to have the cremated remains to particles of uniform size. The undersigned certifies and represents that he or she has the right to authorize this cremation and agrees to hold NEW YORK DIGNIFIED OPTIONS, INC. harmless from all liability and expense including attorneys' fees that may incur as a result of its compliance with the request.

The undersigned assumes all responsibility for the cremation of the afore-mentioned remains and authorizes NEW YORK DIGNIFIED OPTIONS, INC. to make arrangements for said cremation.

---

Signature of Next of Kin/Legal Representative

---

Relationship/Authority to sign

---

Address

The undersigned hereby requests and authorizes NEW YORK DIGNIFIED OPTIONS, INC., to return the cremations to the family members/persons designated below.

**CREMAINS CAN ONLY BE RETRIEVED BY:**

---

Signature of Next of Kin/Legal Representative

---

Signature of Funeral Director