



# Division of Cemeteries

New York State  
Department of State  
**DIVISION OF CEMETERIES**  
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## AUTHORIZATION FOR CREMATION AND DISPOSITION

The **Authorization Form** is an important document that must be read, completed and understood by the person(s) in control of the disposition of human remains that will be delivered to a crematory. The **Authorization Form** provides important information to the person(s) in control of disposition of the remains of a deceased and provides necessary information to the crematory receiving the remains. In these instructions, the term "person in control of disposition" refers to any and all persons in control of disposition and the pronouns "he" and "his" shall be understood to also refer to the feminine and the plural. When there are multiple persons in control of disposition, all such persons must initial and sign where indicated.

The **official name, address and phone number of the crematory** where the remains will be delivered for cremation must be set forth at the top of the **Authorization Form** as indicated. Remains must be sent to the crematory that is named in the form when it is signed unless, as described below, the funeral director is authorized to send the remains to an alternate crematory and the funeral director does in fact make that change.

The name of the decedent and the page number shall be entered on the bottom of each page.

The **date that the Authorization Form is completed and signed** must be written in the top left corner.

The **cremation number in the top right corner will be filled in at the crematory**. This number will be designated by the crematory and will be used to track the remains throughout the process.

### IDENTIFICATION OF DECEASED

**Name of deceased** – enter the name of the deceased as it appears on the death certificate

eg: *Jonathan James Doe*

**Marital status** – enter decedent's legal marital status prior to death

eg: *Divorced*

**Last known address** – enter the decedent's last known residence address

eg: *123 James St., Syracuse, NY 13202*

**Place of death** – enter place of death (town or city and state)

eg: *Syracuse, NY*

**Sex** – indicate sex

eg: *male*

**Age** – indicate age at time of death

eg: *57*

**DOB** – indicate date of birth

eg: *October 20, 1952*

**Date of death** – indicate date of death

eg: *October 1, 2009*

**Estimated weight** – indicate an estimate of the weight of the deceased when last alive

eg: *180 lbs.*

**Description of casket/container in which remains will be delivered** – the description should include type, material model and manufacturer

eg: *Acme cardboard alternative container, model ab 123*

### PERSON IN CONTROL OF DISPOSITION

The person in control of disposition must insert his initials on the appropriate line to indicate either:

- 1) *that the person is designated by a will or signed writing,*  
or,  
2) *if not designated by a will or writing, that the person has priority over the control of disposition of the remains based on his relationship with the deceased.*

If the **person in control of disposition is not designated in a will/writing, he must indicate his relationship to the deceased by choosing the appropriate number and description from the list below the blank lines and inserting that information where indicated**. For example: *if the person in control is the surviving spouse of the deceased, he should insert the number "2" after the word "Number" and should insert the words "The surviving spouse" after the word "Description"*.

### Initial ALL THREE of the Following:

**Battery, battery pack, power cell, etc.** – The person in control of disposition shall initial where indicated that the body does not contain any of the listed devices or implants. In cases where the deceased did have any such device/implant, arrangements must be made for its removal prior to delivery of the remains to the crematory. This line must not be initialed until such device/implant has been removed.

**Removal of Personal Property** – the person in control of the disposition shall initial where indicated that he understands that all items left in the casket will be destroyed. The name of the funeral director and the name of the crematory must be filled in even if nothing needs to be removed; since in that case the instructions would be "nothing to remove". The name of the crematory inserted here and throughout the **Authorization Form** must match the name of the crematory at the **top of the Authorization Form**. The person in control of disposition, by initialing here, also acknowledges that the crematory is not responsible for the removal of personal items.

**Authorization** – After the name of the crematory is inserted, the person in control of disposition shall initial where indicated to authorize cremation of the deceased.

### (Initial OPTIONAL)

Checking this box is at the option of the person in control of disposition.

If the person in control of disposition DOES NOT check this box, the remains can only be delivered to the crematory designated at the top of the form. If it becomes necessary to deliver the remains to another crematory, a new Authorization Form will have to be completed.

If the person in control of disposition DOES check this box, and if in the opinion of the funeral director it is necessary to send the remains to a different crematory, the remains can be delivered to a different crematory without having to complete a new Authorization Form. The funeral director can simply change the name and address of the crematory on the Authorization Form that has already been completed.

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## FINAL DISPOSITION

The name, address and telephone number of the person who is authorized to receive the cremated remains of the deceased shall be insert where indicated. If the funeral director or other funeral home employee is the authorized person, that information shall be inserted here. If the person in control of disposition knows how the remains will be finally disposed of, such arrangements should be described where indicated. If no final arrangements have been made, that should be stated.

eg: *Entombment in Pleasant Lawn Mausoleum,*  
*or Earthen burial in Pleasant Lawn Cemetery,*  
*or Yet to be decided*

List the name of the funeral home that may take possession of the cremated remains if the above named individual does not take possession. Even if the funeral director or other funeral home employee is the person authorized in the above section, this section should still be completed.

The person in control of disposition shall initial where indicated that he understands that the crematory may dispose of cremated remains that are not claimed within 120 days.

## CREMATION CONTAINER/URN

If an urn has been purchased for the cremated remains, list the seller of the urn and a description of the urn where indicated. If the urn dimensions are known, they should also be listed. The person in control of disposition shall initial where indicated.

eg: *Acme cremation urn, cherry wood, 8" h x 6" w x 4.5" d; 190 cu. In vol.*

If no urn has been purchased, the person in control of disposition shall initial where indicated.

The name of the funeral director who provided the **Authorization Form** and the name and address of the funeral home where the **Authorization Form** was executed shall be printed where indicated.

The **Authorization Form** shall be signed and dated by the person in control of disposition of the remains of the deceased. The name of the person signing shall be printed below his signature. The person's address shall be printed where indicated. The funeral director who helped prepare the **Authorization Form** shall sign as a witness to the signature of the person in control of disposition; the funeral director's name shall be printed below his signature and the funeral director's registration number shall be printed where indicated.

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