



CERTIFICATION OF NEXT OF KIN FOR CREMATION

I, _____ HERBY CERTIFY
THAT I AM THE CLOSEST LIVING RELATIVE OR NEXT OF KIN OF:

_____, DECEASED.

I FURTHER CERTIFY THAT NO OTHER RELATIVE OR PARTY IN INTEREST
HAS OBJECTED TO THIS CREMATION.

SIGNATURE

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

RELATIONSHIP

NOTARY PUBLIC SECTION

SUBSCRIBED AND SWORN BEFORE ME THIS
____ DAY OF _____, 20____

AFFIX NOTARY SEAL BELOW

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

THIS DOCUMENT MUST BE PRESENTED WITH THE CREMATION AUTHORIZATION AND A COPY OF THE DEATH CERTIFICATE. THIS CERTIFICATION IS REQUIRED ON ALL CASES WHERE CREMATION PERMIT IS REQUESTED