



# Department of State Cemeteries

New York State  
Department of State  
DIVISION OF CEMETERIES  
One Commerce Plaza  
99 Washington Avenue  
Albany, NY 12231-0001  
Telephone: (518) 474-6226  
<https://dos.ny.gov>

## Authorization for Cremation and Disposition

This Authorization Form must be completed and signed prior to delivery of remains for cremation.  
If this form is not properly completed or executed, the crematory may reject delivery of the human remains.

Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
(for crematory use only)

Crematory Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.

Cremation is carried out by placing the remains of the deceased and the container holding the remains into a cremation chamber where they are subjected to intense heat and flame. **The heat and flame will incinerate and consume everything except bone and metal, which are all that will be left after cremation.**

Following cremation, the crematory will take reasonable efforts to remove all of the remains and other material from the cremation chamber, but some minimal dust and residue will likely be left behind. The crematory will separate incidental and foreign material from the remains and the incidental and foreign material, including dental work and implants, will be disposed of as permitted by law. The cremated remains will be mechanically pulverized into small pieces and placed into a designated container or urn. **Cremated remains generally are pulverized until no single fragment is recognizable as skeletal tissue.**

### IDENTIFICATION OF DECEASED

Name of Deceased: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Place of Death: Municipality: \_\_\_\_\_ State: \_\_\_\_\_

Gender: ☐ M ☐ F ☐ X Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Estimated Weight: \_\_\_\_\_

### OPENING OF THE CONTAINER

The crematory may only open the container holding the un-cremated human remains in limited circumstances, such as to confirm the identity of the deceased or to ensure that no material is enclosed which might injure employees or damage the crematory property. If human remains are delivered in a container which is not suitable for cremation such as ceremonial or rental casket, the crematory will require that the remains be moved into a suitable container before it accepts the remains. The opening of a container or the transfer or removal of remains will be conducted before a witness and will be done in privacy, with dignity and respect.

### DESCRIPTION OF CONTAINER IN WHICH REMAINS ARE BEING DELIVERED

Manufacturer or supplier: \_\_\_\_\_ Material: \_\_\_\_\_

### CREMATION CONTAINER/URN

(Initial ONE of the following)

\_\_\_\_\_ I/We have provided \_\_\_\_\_ with an urn to be used as a container for the  
(Name of Crematory)  
cremated remains. I/We understand that if the urn is too small to hold the entire cremated remains, an additional rigid  
container may be used for delivery. Description of urn: \_\_\_\_\_

-OR-

\_\_\_\_\_ I/We have not provided an urn to be used as a container for the cremated remains, and understand that  
\_\_\_\_\_ will place the cremated remains in  
(Name of Crematory)  
a rigid container for delivery.

# Authorization for Cremation and Disposition

## PERSON IN CONTROL OF DISPOSITION

(Person(s) in control of disposition, initial ONE of the following)

\_\_\_\_\_ I am/We are the designated agent of the deceased designated in a will or written instrument executed pursuant to Public Health Law Section 4201.

-OR-

\_\_\_\_\_ I/We have no knowledge that the deceased executed a written instrument pursuant to Public Health Law Section 4201 or a will containing directions for the disposition of his or her remains and I/we are the person(s) having priority under Public Health Law Section 4201 and have the right to authorize cremation of the remains of the deceased. **My/Our relationship to the deceased is as follows:**

Number: \_\_\_\_\_ Description: \_\_\_\_\_

2. The surviving spouse;
- 2a. The surviving domestic partner;
3. Any surviving child eighteen years of age or older;
4. A surviving parent;
5. A surviving sibling eighteen years of age or older;
6. A lawfully appointed guardian;
7. Any person(s) eighteen years of age or older entitled to share in the estate and who is/are closest in relationship to the deceased;
8. A duly appointed fiduciary of the estate;
9. A close friend or relative who has executed a written statement pursuant to Public Health Law Section 4201(7);
10. A chief fiscal officer of a county or a public administrator appointed pursuant to the Surrogate's Court Procedure Act;
- 10a. Any other person who is acting on behalf of the deceased and who has executed a written statement pursuant to Public Health Law Section 4201(7).

For numbers 3, 5 and 7 above, by signing, the person(s) signing this Authorization Form represent that they are signing on behalf of a majority of the members of this class of persons who are reasonably available.

(Initial BOTH of the following)

\_\_\_\_\_ I/We hereby affirm that the body of the deceased does not contain a battery, battery pack, power cell, radioactive implant, or radioactive device and that any such materials were removed prior to the execution of this **Authorization Form. Failure to remove these items prior to cremation may result in harm to the crematory and crematory personnel.**

\_\_\_\_\_ I/We affirm that instructions have been given to \_\_\_\_\_  
(Funeral Director Name)  
regarding the removal of any personal property or other thing of value which any person signing below or any family member of the deceased wishes to preserve. \_\_\_\_\_  
(Crematory Name)  
is not responsible for the removal of personal items from the container or from the remains of the deceased. **Personal items left in the container or with the remains will be destroyed by the cremation process and cannot be retrieved after cremation.**

(Initial OPTIONAL)

\_\_\_\_\_ I/We hereby authorize the named funeral director to provide for delivery to and cremation by an alternate crematory, if deemed necessary in the opinion of the funeral director, and to amend this form to provide the correct name and address of such alternate crematory.

Name of deceased: \_\_\_\_\_

# Authorization for Cremation and Disposition

## FINAL DISPOSITION

The final resting place for the cremated remains of the deceased is

- ☐ Placement in a grave, crypt, or niche at \_\_\_\_\_ (cemetery name)
- ☐ Scattering as permitted by law
- ☐ Other \_\_\_\_\_ (description)

The person authorized to receive the cremated remains of the deceased from the cemetery is:

\_\_\_\_\_  
(Name) (Address) (Phone)

I/We authorize the funeral director executing this Authorization Form, whose name appears on page 3 of this form, to receive or send a representative of his or her funeral firm to receive the cremated remains on my/our behalf.

If for any reason the person named above does not take possession of the cremated remains,

\_\_\_\_\_ is authorized to give possession of  
(Crematory Name)

the cremated remains to \_\_\_\_\_  
(Funeral Home Name)

in person or via delivery by the United States Postal Service, as permitted by its regulations and procedures.

(Initial the following)

\_\_\_\_\_ I/We understand that if the remains are not claimed within 120 days of cremation,

\_\_\_\_\_ (Name of Crematory)  
may dispose of the remains in an irretrievable manner, as permitted by law.

This **Authorization Form** was provided by \_\_\_\_\_ was executed at  
(Funeral Director Name)

\_\_\_\_\_  
(Funeral Home Name)

\_\_\_\_\_  
(Funeral Home Address)

and is signed by the funeral director as witness to its execution.

I/We have received a completed copy of this **Authorization Form**.

**I/We am/are the person(s) in control of disposition, who by signing this Authorization Form, attest(s) to the accuracy and completeness of the information contained in this Authorization Form and hereby authorize(s) to cremate the remains of the deceased.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Typed or Printed Name Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Typed or Printed Name Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Typed or Printed Name Signature

\_\_\_\_\_  
Address

## WITNESS:

\_\_\_\_\_  
(Funeral Director Typed or Printed Name) (Funeral Director Signature)

\_\_\_\_\_  
(Registration Number)

Name of deceased: \_\_\_\_\_