

International Funeral Service of New York, Inc.

4123 4th Ave. ♦ Brooklyn, NY 11232
T: (718) 282-0666 ♦ F: (718) 435-6036

Cremation Authorization Affidavit

State of New York

County of _____

_____ being duly sworn deposes and says that he/she resides at _____ and desires that a permit be issued by the Department of Health and Mental Hygiene of the City of New York for the cremation of the body of _____ who died at _____ on _____.

Deponent's assumption of authority to act is based upon the following:

Deponent further states that the deceased did/did not express during life the desire to have his/her remains cremated and his/her relationship to the deceased is _____. Deponent assumes all responsibility for the cremation of the remains and authorizes _____, a licensed funeral director, to make arrangements for said disposal.

Signature authorizing family member(s) _____

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public-Commissioner of Deeds _____