



# Garden Hill Funeral Directors Service, Inc.

579 Grove Street, Irvington, NJ 07111

Betty R. Hill - Manager - NJ Lic. No. 4156

## Authorization of Services by Appropriate Parties

Name of Decedent:	Date of Death:
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### Authorized Funeral Agent

☐ The deceased has appointed an authorized funeral agent as defined in N.J.S.A. 3B:10-21.1 and N.J.S.A. 45:27-22

Print Name: \_\_\_\_\_

*(If no funeral agent, proceed to surviving heirs at law.)*

### Surviving Heirs at Law

I/We hereby certify that the decedent left the following surviving heirs at law:

Spouse, Civil Union Partner or Domestic Partner *(Separated spouses should be listed. Divorced spouses should not be listed.)*

☐ Yes ☐ No Name: \_\_\_\_\_

If no spouse/civil union/domestic partner proceed to biological and legally adopted children of deceased. *(Do not include stepchildren)*

Children over 18 years old? ☐ Yes ☐ No How many? \_\_\_\_\_ List names below:

\_\_\_\_\_

If no children over 18 years old proceed to biological and legally adoptive parents of the deceased. *(Do not include stepparents.)*

Parent(s)? ☐ Yes ☐ No How many? \_\_\_\_\_ List names below:

\_\_\_\_\_

If no parents proceed to siblings. List biological siblings and those related by adoption. *(No stepbrothers or stepsisters.)*

Sibling(s)? ☐ Yes ☐ No How many? \_\_\_\_\_ List names below:

\_\_\_\_\_

If no siblings state name and relationship of authorizing party.

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Having disclosed the survivors above, I/we certify that I/we am/are the closest living next of kin to the decedent and that I/we am/are related as stated above, that I/we have charge of the body and as such possess full legal authority and power according to the laws of the State of New Jersey, to execute the authorization form and to arrange for the disposition of the remains of the decedent.

In addition, I/we are aware of no objection to these arrangements by any spouse, civil union or domestic partner, child, parent, or sibling specified. I/we authorize this funeral home to perform the funeral arrangements of the decedent in accordance with the terms outlined in the accompanying Statement of Funeral Goods and Services Selected.

### Indemnification

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, & hold harmless the funeral home, its officers, agents & employees from any and all claims, demands, causes of action, & suits of every kind, nature and description, in law or equity, including any legal fees, costs & expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or human remains transported to the funeral home, claims brought by any other person(s) claiming the right to control the disposition of the decedent, or any other action performed by the funeral home, its officers, agents or employees, pursuant to this authorization, excepting on acts of willful negligence.

### Attestation

By executing this form, as Authorizing Agent(s), the undersigned warrant that all representations & statements contained on this form are true & correct, that these statements were made to induce the funeral home to arrange for the final disposition of the body of the decedent, & that the undersigned have read & understand the provisions in this form. The activities the firm provides that require permission from the next of kin include the transfer of remains, embalming, cremation, entombment and burial.

Name	Date	Signature
Address		
Name	Date	Signature
Address		
Name	Date	Signature
Address		

# New Jersey's Law Pertaining to Right to Control the Funeral

## Right to Control N.J.S.A. 45:27-22

a. If a decedent, in a will as defined in N.J.S.3B:1-2, appoints a person to control the funeral and disposition of the human remains, the funeral and disposition shall be in accordance with the instructions of the person so appointed. A person so appointed shall not have to be the executor of the will. The funeral and disposition may occur prior to probate of the will, in accordance with section 40 of P.L.2003, c.261 (C.3B: 10-21.1). If the decedent has not left a will appointing a person to control the funeral and disposition of the human remains, the right to control the funeral and disposition of the human remains shall be in the following order, unless other directions have been given by a court of competent jurisdiction.

- (1) The surviving spouse of the decedent or the surviving domestic partner. (Effective February 19, 2007 Civil Union Partners have the same rights under this statute as spouses.)
- (2) A majority of the surviving adult children of the decedent.
- (3) The surviving parent or parents of the decedent.
- (4) A majority of the brothers and sisters of the decedent.
- (5) Other next of kin of the decedent according to the degree of consanguinity.
- (6) If there are no known living relatives, a cemetery may rely on the written authorization of any other person acting on behalf of the decedent.

For purposes of this subsection "domestic partner" means a domestic partner as defined in section 3 of P.L..2003, c. 246 (C.26:8A-3 ).

b. A cemetery may permit the disposition of human remains on the authorization of a funeral director handling arrangements for the decedent, or on the written authorization of a person who claims to be, and is believed to be, a person who has the right to control the disposition. The cemetery shall not be liable for disposition pursuant to this authorization unless it had reasonable notice that the person did not have the right to control the disposition.

[Unrelated language omitted]

d. A person who signs an authorization for the funeral and disposition of human remains warrants the truth of the facts stated, the identity of the person whose remains are disposed and the authority to order the disposition. The person shall be liable for damages caused by a false statement or breach of warranty. A cemetery or funeral director shall not be liable for disposition in accordance with the authorization unless it had reasonable notice that the representations were untrue or that the person lacked the right to control the disposition.

## Appointment of Person to Control Funeral and Disposition N.J.S.A. 3B:10-21.1

Prior to probate, a decedent's appointment of a person in a will to control the funeral and disposition of human remains may be carried out in accordance with section 22 of P.L.2003, c. 261 (C.45:27-22). If known to them, a person named executor in a will shall notify such a person of their appointment and advise them of what financial means are available to carry out the funeral and disposition arrangements.





# GardenHill Funeral Director Service, Inc.

Betty R. Hill-Manager- NJ Lic. No. 4156  
579 Grove Street, Irvington, NJ 07111  
(973) 675-8401 - (973) 866-5656 Fax

FILE #: \_\_\_\_\_

WWW.GARDEN-HILL.COM

## INTERVIEW WORKSHEET

Photo of Decedent

FUNERAL RECIPIENT:

First Middle Last Suffix

DAY, DATE & TIME OF DEATH:

LOCATION OF DECEASED:

Phone#:

Interviewer & Date: **\*Please select (1)**  
**Service to be provided:** ☐ Transport ☐ Arrangement ☐ Shipping ☐ Cremation ☐ DocServ

Caller: Phone#: Relationship:

### VITAL STATISTICS

SEX: SOCIAL SECURITY NO: DATE OF BIRTH: AGE:

Birthplace (City & State)

DECEDENT'S ADDRESS:

City/Town: State & Zip: County:

PLACE OF DEATH:

City/Town: State & Zip: County:

VETERAN: Branch of Service: Service Number:

Service Dates: War: Rank:

MARITAL STATUS: Surviving Spouse (name given at birth):

Father's Name: Mother's 1<sup>st</sup> & Maiden Name:

RACE: Decedent of Hispanic or Asian Origin (Circle: Yes or No) If Yes, Specify Origin:

EMPLOYMENT: *\*Title or Position* Usual Occupation: Retired: (Year: )

Employer: Employer's Location:

Industry: No. of Years: Highest Education:

INFORMANT: Relationship:

Informant's Address:

Informant Phone 1: Phone 2: Email:

CERTIFIER of DC: Certifier Phone No.: Number of DCs Requested:

Final Disposition: ☐ Cremation ☐ Burial Name of Cemetery City: State:



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Tel.: 973-675-8401  
Fax: 973-866-5656

www.garden-hill.com

## AUTHORIZATION FOR REMOVAL

\_\_\_\_\_  
(Name of Institution)

To release the body of \_\_\_\_\_  
(Deceased)

To **GardenHill Funeral Director Services, Inc.** and/or its agents.

I, \_\_\_\_\_ verbally authorize the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of \_\_\_\_\_ my \_\_\_\_\_.

I attest that I have the legal authority to take this action.

Per \_\_\_\_\_

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

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

Photo of Decedent: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ authorized the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of \_\_\_\_\_ my \_\_\_\_\_.

I attest that I have the legal authority to take this action.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_