

**APPLICATION FOR CREMATION PERMIT**

To the Office of Vita Records, Department of Health, the City of New York

State Of New York

COUNTY OF .....} ss:

.....being duly sworn

Depones and says that he / she resides at.....  
and desires that a permit be issued by the Department Of Health 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 deceased is

.....  
Deponent assumes all responsibility for the cremation of the remains and authorizes  
**JOSEPH FARENGA & SONS INC OF 38-08 Ditmars Blvd. Astoria, New York 11105**, a licensed funeral director  
to make arrangements for said disposal.

Subscribed and sworn to before me this

..... Day of .....  
(dd) (month ) (year )

.....  
Signature Of Authorized Party

.....  
Notary Public - Commisioner of Deeds \*