

**AFFIDAVIT and PETITION FOR PAYMENT
CEMETERY
REPRESENTATIVE WILL COMPLETE**

Burial / Cremation of _____

Late of _____ (city) who died on _____ (date)

Agency Case # _____ SS# _____

State of New Jersey
County of _____ S.S.

_____, being of full age and duly sworn according to law, presents
this petition and says that:

1. He/she is fully empowered as owner, partner, or agency to make this affidavit that he/she has full knowledge of the facts stated herein, and that he/she is familiar with the laws and regulations applicable hereto.
2. This petition is presented on behalf of _____ that provided for the
(cemetery)
burial/cremation of the decedent in accordance with a contract made with _____
(next-of-kin, authorizing party)
3. The burial/cremation was conducted on _____
(date)
4. Remains (**CHECK ONE**) were were not cremated.
5. The burial/cremation was conducted by cemetery/crematory personnel in full conformity with all applicable laws and regulations.
6. Cost of Interment Space: \$ _____
7. Opening Charges: \$ _____
8. Cremation Charges: \$ _____
9. Total of all cemetery charges on account of this decedent: \$ _____
10. Balance of contributions, life insurance, cash and/or resources after deducting funeral costs: \$ _____
11. Amount requested by this petition: \$ _____
12. This affidavit is made with the intention that the welfare agency rely upon it in determining the amount of any agency payment to be allowed.

SUBSCRIBED AND SWORN TO

(Signature) (Date)

BEFORE ME THIS _____

for _____
(Name of Cemetery)

DAY OF _____ **20** _____

(Address)

NOTARY

(Address)

Telephone No.: _____