



## Reasonable Attempt to Notify/Medical Incapacity Attestation

This addendum alone does not itself establish authority to authorize funeral and disposition services. When using this form, our funeral home requires that it be attached to a completed and signed Consent for Services by Authorizing Agent(s) form in order to identify the person or persons who have the right to control the funeral and disposition of the decedent.

NAME OF DECEDENT <i>(first, middle, last)</i>				DATE
DATE OF DEATH	TIME OF DEATH	PLACE OF DEATH	DATE OF BIRTH	SEX

Having been informed of the rights and responsibilities of the person or persons with the right to control the funeral and disposition of the decedent under N.J.S.A. 45:27-22 as outlined on the executed and attached Consent for Services by Authorizing Agent(s) form, I certify that I am related to the decedent as indicated, and after careful consideration, acknowledge and disclose that the listed person or persons have a higher priority right to control the funeral and disposition of the decedent:

(1) NAME OF PERSON WITH HIGHER PRIORITY	RELATIONSHIP TO DECEDENT
(2) NAME OF PERSON WITH HIGHER PRIORITY	RELATIONSHIP TO DECEDENT
(3) NAME OF PERSON WITH HIGHER PRIORITY	RELATIONSHIP TO DECEDENT

Based on the attestation noted below, I assume legal authority and power, according to the laws of the State of New Jersey, to execute the attached Consent for Services by Authorizing Agent(s) form and to arrange for the funeral and disposition as noted herein:

### Reasonable Attempt to Notify

I attest that, for 72 hours following the death of the decedent, I have made a good faith effort to contact the person or persons with a higher priority right to control the funeral and disposition. I attest that a reasonable attempt to notify, as defined by N.J.S.A. 45:27-22 and as indicated below, was conducted and was unsuccessful (select all that apply): Initial \_\_\_\_\_

Correspondence sent by registered mail to last known address

(1) List Address: \_\_\_\_\_

(2) List Address: \_\_\_\_\_

(3) List Address: \_\_\_\_\_

Correspondence sent by email to the last known email address

(1) List Email Address: \_\_\_\_\_

(2) List Email Address: \_\_\_\_\_

(3) List Email Address: \_\_\_\_\_

Telephone call to the last known telephone number

(1) List Telephone Number: \_\_\_\_\_

(2) List Telephone Number: \_\_\_\_\_

(3) List Telephone Number: \_\_\_\_\_

### Medical Incapacity

I attest that the person or persons with a higher priority right to control have been deemed medically incapable or medically incapacitated by a licensed physician. Initial \_\_\_\_\_

Further, I release the person or persons who have a higher priority right to control as well as the Funeral Home, its officers, agents and employees from any and all liability, claims and actions arising out of my decision to assume legal authority to arrange for the funeral and disposition of the above-named decedent.

NAME OF PERSON ASSUMING RIGHT TO CONTROL	SIGNATURE	DATE
ADDRESS <i>(street, city, state, zip)</i>		
TELEPHONE NUMBER	RELATIONSHIP TO DECEDENT	
NAME OF FUNERAL DIRECTOR AS WITNESS	SIGNATURE	DATE