



**AUTHORIZATION FOR CREMATION AND DISPOSITION**

This Authorization Form must be completed and signed prior to cremation. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** We want you to fully understand the information provided in this Authorization Form. We the Funeral Home will be pleased to answer any questions about the cremation process. By signing this form, you, the Authorizing Agent(s), are acknowledging that you have been made aware of the cremation process and/or have asked for a verbal and/or written explanation of the cremation process and are satisfied with the explanation prior to signing this authorization form.

**THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.**

**DECEASED INFORMATION**

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ARTIFICIAL DEVICES**

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. The Funeral Home must be made aware of such devices by Authorizing Agent(s), if Funeral Home is not notified on this form, the Authorizing Agent(s) will be held responsible for any liability. Unless otherwise advised, the Funeral Home will remove such devices.

Description of Devices: \_\_\_\_\_

**IDENTIFICATION**

I (WE), the Authorizing Agent(s), authorize the cremation of the deceased listed above to be carried out regardless of whether we have, or have not, identified the deceased and hold harmless the Funeral Home and it's agents.

**AGENT**

As Authorizing Agent(s), I/We represent that I/We have the right to authorize the cremation of the Decedent's remains and warrant: As Authorizing Agent(s), I/we filled in the section below. I/We understand that any living person who meets the qualifications of any level above or equal to the one I/we filled in would have a superior or equal right to act as the Authorizing Agent(s). I/We do not have actual knowledge of the existence of any living person who has a superior or equal right to act as the Authorizing Agent(s) or I/we have made a reasonable effort to contact such person(s) and are unable to do so, furthermore I/we have no reason to believe such person(s) would object to the cremation of the deceased. In the state of Michigan the **MAJORITY** Next-of-Kin is considered Authorizing Agent(s).

**CERTIFICATION AND INDEMNIFICATION**

I/We have the right and hereby authorize the cremation of the Deceased and the disposition of the cremated remains. I/We agree to release and indemnify the Funeral Home and the Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We release the Funeral Home and Crematory from liability for the cremated remains upon delivery to a reputable common carrier. I/We agree that the Funeral Home's and Crematory's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid to the Funeral Home and/or Crematory by me/us. I/We warrant that all representations and statements contained in this form are true and correct.

**SIGNATURE(S) OF AUTHORIZING AGENT(S)**

SIGNATURE: X \_\_\_\_\_ NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_ NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_ NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_ NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FINAL DISPOSITION (Please Check One)**

1. The cremated remains will be held by the Funeral Home for pick-up, and the cremated remains are to be released to the person listed below:

Name (Designee): \_\_\_\_\_ Relationship \_\_\_\_\_

2. Other Method Disposition (Describe): \_\_\_\_\_

If no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Funeral Home may dispose of the cremated remains in a manner it deems fit. An urn to hold the cremated remains may be purchased or provided by the Authorizing Agent but an urn is not required. If an urn is not purchased or provided, the cremated remains will be delivered in a rigid temporary container.