



850 N. Center Avenue, P.O. Box 249
Gaylord, MI 49734
(989) 732-2230



Authorization for Cremation

Name of Deceased: _____ Date of Death: _____

Address: _____ Date Birth: _____

Cause of Death: _____ Physician: _____

I/we the undersigned hereby authorize and request Gaylord Community Funeral Home & Cremation Service ("funeral home") to arrange with American Crematory, Gaylord, MI ("crematory") to cremate the human remains of the above named deceased and to arrange for the release of the cremated remains.

IDENTIFICATION

I/we understand the funeral home follows strict procedures to be certain all human remains are properly identified prior to cremation. I/we authorize the cremation to proceed and I/we waive personal identification of the deceased.

DISCLOSURE OF ARTIFICIAL DEVICES/PERSONAL ITEMS/JEWELRY

Does the deceased have a pacemaker? Yes No These devices must be removed prior to cremation. Pacemakers will be removed by personnel of the funeral home prior to cremation. I/we understand that I am/we are liable for damage or injury if I/we fail to disclose the presence of any device.

Are there any other mechanical devices (including mechanical, prosthetic, or battery operated devices), which may be implanted in or attached to the deceased? Yes No If yes, please disclose all devices _____

Do any personal items or jewelry accompany the remains? Yes No If so, please disclose all items _____

RELEASE OF CREMATED REMAINS

Funeral home will hold the cremated remains for release. Funeral home is authorized to release the cremated remains to, name(s): _____

In the event that the cremated remains are not claimed within 30 days of cremation (unless prior arrangements have been made with the funeral home), the funeral home may, at its discretion, send the cremated remains by United States Postal Service to the person/a person authorized to receive the cremated remains as indicated above at _____

I/we release the funeral home from any and all responsibility upon delivery of the remains to the USPS.

CERTIFICATION AND WAIVER OF LIABILITY

I/we agree to release and indemnify the funeral home and 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.

American Crematory reserves the right to accept or reject a cremation container constructed of noncombustible materials. American Crematory is authorized to remove any portion of the cremation container and discard same, which may cause damage to the cremation chamber. American Crematory is not responsible for the identification of the human remains accompanying this order for cremation, that being the responsibility of the next-of-kin and the funeral director.

I hereby certify that I have full power and authority to arrange for the cremation, processing and disposition of the cremated remains of the above named deceased. I hereby agree to protect, defend and hold harmless American Crematory and its representatives from any and all liability resulting, based upon or connected with this authorization for cremation, and processing and disposition of cremated remains.

Table with 4 rows and 4 columns: Name, Relationship, Signature, Date

Mortuary Science licensee: _____ Date: _____ License #: _____