



Minimal Cremation Authorization Form

I, _____ authorize the Richard A. Henry Funeral Home
(Print your full name)
and the _____ Crematory to take possession of and cremate the body of my
_____, _____
(Relationship) (Print full name of deceased)

Date: _____

Signature: _____

Printed Name: _____

Address: _____

Please fax this signed authorization to Richard A. Henry Funeral Home (269) 962-3052 or scan and email to info@henryfuneralhome.org

Call 1-888-472-5191 or 269-962-5191 with any questions.

703 Capital Avenue, Southwest | Battle Creek, Michigan 49015

Phone: (269) 962-5191 | Fax: (269) 962-3052

www.henryfuneralhome.org

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