

Copper Country Crematory, LLC

8001 Greenstone Lane • P.O. Box 6 • Houghton, Michigan 49931 • (906) 370-9088

AUTHORIZATION FOR CREMATION AND DISPOSITION

The undersigned authorizes Copper Country Crematory in accordance with and subject to its Rules and Regulations to cremate the remains of _____ who died at _____ AM/PM on the _____ day of _____, 20____ at the age of _____.

Crematory is authorized to perform cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining further authorization or instructions.

Initials of Authorized Rep. _____

POSITIVE IDENTIFICATION CERTIFICATION

This is to certify that I, _____ Informant _____ Relationship _____

of _____ Decedent _____ have viewed the remains / chosen not to view the remains.

Signature of one authorized representative from below _____

Date _____

Did the Decedent die of natural causes? Yes No

If no, please explain _____

Was the death caused by an infectious or contagious disease? Yes No

If yes, please explain _____

Did the Decedent's remains contain a silicon implant, pacemaker, radioactive implant or any other device that could be harmful to the Crematory or its operator? Yes No

If yes, I/we have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to remains being brought to Crematory: Yes No

DISPOSITION OF CREMATED REMAINS

The undersigned hereby authorizes the transfer of cremated remains as follows:

- CHECK ONE**
- Release / Deliver cremated remains to funeral home.
 - Retain the cremated remains at the Crematory to be picked up within 60 days.
 - Dispose of cremated remains (**cannot be recovered**).
 - Deliver cremated remains to the U.S. Postal Service / UPS for shipment.

I (we) agree to assume liability that may arise from such shipment / delivery, and to indemnify and to hold the Crematory, its assigns and staff, harmless from any and all claims that may arise from such shipment / delivery.

Initials of Authorized Rep. _____

Ship to: Name _____ Via _____
Address _____ City _____
State, Zip _____

This is a legal document. It contains important provisions concerning cremation.

Cremation is irreversible and final. Read carefully before signing this two-sided form.

By executing the Authorization for Cremation and Disposition Form, as Authorizing Representative(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce the Crematory to arrange for the cremation of human remains of the Decedent, and that the undersigned, as the closest next-of-kin, have read and understand the provisions contained in this form.

Name _____ Name _____
Address _____ Address _____
Signature _____ Signature _____
Relationship _____ Relationship _____

Name _____ Name _____
Address _____ Address _____
Signature _____ Signature _____
Relationship _____ Relationship _____

*Closest next-of-kin is the surviving person or persons listed below in following order:

- (1) Spouse (2) Children (3) Grandchildren (4) Parents (5) Brothers and Sisters (6) Nephews and Nieces
(7) Grandnephews and Grandnieces (8) Grandparents (9) Uncles and Aunts (10) First Cousins and thereafter.

All persons within the same degrees of kinship must sign or authorize cremation.

This document completed by: _____ of the _____
Print or type name

Funeral Home _____

Signature _____

Address _____

City, State, Zip _____

Date _____

WHITE - Crematory • YELLOW - Funeral Home • PINK - Family

CREMATION NO. _____ CREMATION DATE: _____
FOR CREMATORY USE ONLY