

Valley North Crematory Inc.

54385 Cemetery Road • Lake Linden, MI 49945

Cremation Authorization Form

The undersigned authorizes Valley North Crematory Inc. in accordance with and subject to its rules and regulations, to cremate the remains of _____

a male/female who died at _____ (CITY, COUNTY, STATE)

at _____, am/pm on the _____ day of _____, 20 _____ at the age of _____ years.
(TIME)

AUTHORIZATION TO CREMATE

The person legally entitled to order the cremation is the authorizing agent.

NAME OF AUTHORIZING AGENT:

(SIGNATURE) (PRINTED NAME OF AUTHORIZING AGENT)

(ADDRESS) (CITY, STATE, ZIP CODE)

(TELEPHONE NUMBER) (DATE)

RELATIONSHIP OF AUTHORIZING AGENT TO THE DECEDENT CHECK ONE THAT APPLIES

- (a) _____ The decedent through a preneed cremation authorization;
- (b) _____ The surviving spouse of the decedent;
- (c) _____ The surviving adult children of the decedent;
- (d) _____ The surviving parents of the decedent;
- (e) _____ The surviving adult grandchildren of the decedent;
- (f) _____ The surviving adult siblings of the decedent;
- (g) _____ A next closest relative of the decedent;
- (h) _____ In the absence of any of the above, by order of the District Court.

The right to control the disposition of the remains of the deceased person and the duties of disposition devolves upon the authorizing agent.

I, _____ (Authorizing Agent) certify that I have personally or have made arrangements for the

Positive identification of _____ (DECEDENT)

Did the decedent die as a result of an infectious or contagious disease? Yes/No

If yes, please explain _____

Did the remains contain any pacemaker, radiation producing implant device, or any other medical implants? Yes/No

If yes, has the funeral home removed or made arrangements for removal of such objects? Yes/No

DISPOSITION OF CREMATED REMAINS

Disposition of remains shall be by: Type of urn or container _____

Initial _____ Delivery either in person or by registered mail to: _____

Initial _____ Picked up at the crematory office by: _____

SIGNATURE(S) OF ADDITIONAL AUTHORIZED REPRESENTATIVE(S)

No cremation shall take place without the signature of all authorized representative(s) of the deceased having the same degree of kinship as the authorizing agent

NAME _____ NAME _____
ADDRESS _____ ADDRESS _____
SIGNATURE _____ SIGNATURE _____
RELATIONSHIP _____ RELATIONSHIP _____

Attach additional names and signatures of legal representatives if necessary.

By signing this form, the authorized representative(s) certify that they have read and understood all crematory rules and regulations as stated on the reverse of this form and all that all statements were made truthfully and accurately.

Funeral Home in Charge _____

Funeral Director in Charge _____