



MINIMAL CREMATION AUTHORIZATION

I, _____ AUTHORIZE
(YOUR NAME)

LANGELAND FAMILY FUNERAL HOMES AND CENTRAL
MICHIGAN CREMATORY TO TAKE POSSESSION OF

AND CREMATE THE BODY OF MY _____,
(RELATIONSHIP TO DECEASED)

(DECEASED'S FULL NAME)

DATE: _____

SIGNATURE: _____

ADDRESS: _____

PHONE: _____

PLEASE FAX THIS AUTHORIZATION TO LANGELAND
FAMILY FUNERAL HOMES AT: 1-269-343-5919.

CALL 1-800-268-3884 OR 1-269-343-1508 WITH ANY
QUESTIONS.