

Authorization for Cremation and Disposition

Name of Decedent	Date of Death	Time of Death	Place of Death	Gender	Age	Date of Birth

Date and Time of Service (If applicable): _____

☐ Release to: ☐ Ship to: ☐ Crypt/Niche or Burial (include cemetery name): ☐ Other: _____

☐ I wish to allow only the survivors I have designated below the option of cancelling my cremation and selecting alternative arrangements, if they deem a change to be appropriate: _____