A&K Cremation Services, Inc. Phone (906) 786-6675 • Fax (906) 786-6678 • Escanaba, Michigan 49829

Authorization and Order for Cremation

	e rules and regulations of A&K Cremation Services, authorized to take possession of and directed to cre		as the Company, or its duly authorized agent, the
Deceased			Date of Death
Cremation is where the te consumed or as dental gol visible non-b we take extra shes. In the which is des personal item	performed by placing the deceased individual in the imperature is raised to approximately 1,100 degree or driven off, except bone fragments and other artificial did, silver, jewelry, etc. are not separate or recoverable one materials will then be separated from the remain eme care of separating artificial items however on a case of an infant, there will be few, if any, remains. Signed for short-term use and is not recommended the from the deceased individual at the crematory. A consibility and not the responsibility of A&K Crematic	cremation chamber in a secular control	a container or casket within the cremation chamber ompletion of the Calcine cycle, all substances are high heat of the cremation process, materials such as are then taken from the chamber and any large, of by the Company. Before mechanically pulverizing or other non combustible items may remain in the remains are then encased in a temporary container. We are not responsible for removing artificial or
	A&K Cremation Services, Inc. 1	Disclosure an	d Permissions (initial each)
1I ha	ive read and understand A&K Cremation Services, Ir	nc. practices for crema	tion and disposition.
	ave informed the Funeral Director of, and authorize h l/or cause damage or injury to the Crematory or its p		maker or any other implant that could be explosive
3The	e deceased does not have an infectious or contagious	s disease. If so, identify	y the disease
Signa	ture(s) of Authorized Represer	stative(s) for (Cremation and Disposition*
No cremation and correct a	n may take place without written authorization from a and that I give permission as the closest next-of-kin of said deceased.	uthorized representativ	e(s) of the deceased. I declare that foregoing is true
Name		Name	
Address		Address	
Signature		Signature	
Relationship		Relationship	
Name		Name	
Address		Address	
Signature		Signature	
Relationship		Relationship	
	*Closest next-at-kin is the surviving pe	erson or persons listed	below in following order:
Grandnieces	(2) Children (3) Grandchildren (4) Parents (5) Bro (8) Grandparents (9) Uncles and Aunts (10) First Coprize cremation.	ousins and thereafter. A	II persons within the same degrees of kinship must
I barabu autb	Disposition of		
-	norize the transfer of said cremated remains as follow		
Urn or contai	iner (type) to be supplied by Funeral D	Director	or Company
initial	Release/deliver said remains to Funeral Home with	in 10 days.	
initial	I appoint the Company as my Agent to make shipm Company services have been fully completed when acting as my Agent for accommodation in carrying	n the remains leave the	e Company as instructed and the Company is only
Ship to: N	ame	Address	
Ci	ity	State	Zip Code
Vi	ia		
	ny reserves the right to accept or reject a cremation remove any portion of the cremation container and		
the responsi	ion Services, Inc. is not responsible for the identifica bility of the next-of-kin and the Funeral Director.		
	Home in charge is		
The Funeral I	Director in charge is		

Dated ___

_ Agreement No. ___