

Lauer Family Funeral Home

Affordable Cremation Solutions

1035 Cooper St. Jackson, MI 49202

Crematory Use

ID# \_\_\_\_\_

Date Rec. \_\_\_\_\_

CREMATION AUTHORIZATION

**Deceased**  
The undersigned authorizes Jackson Crematory Services Inc., in accordance with and subject to its Rules and Regulation, to cremate the remains of \_\_\_\_\_ who died on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and agrees to be responsible for authorization.

Funeral Home \_\_\_\_\_ Address: \_\_\_\_\_

The Funeral Director further states the death \_\_\_\_\_ was due \_\_\_\_\_ was not due to infectious or contagious diseases. I understand that if I do not notify Crematory about the death by infectious disease, that I will be liable for any damages to Crematory or injury to Crematory personnel.

No cremation may take place without written authorization form the Authorized Representative(s) of the deceased. I (we) hereby certify the right to authorize this cremation and disposition of the cremated remains. I (we) understand that due to the nature of the cremation process, any valuable material, including dental gold will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. If the container or any portion thereof is not suitable for cremation, Crematory may require the remains be removed to the suitable container. I (we) understand that the cremated remains are bone fragments, which will be reduced in size and placed in the temporary container or selected urn. In the event the capacity of the selected urn is less than the amount of the cremated remains, Crematory is hereby authorized to return the said excess cremated remains in a temporary container. I (we) will indemnify and hold harmless the Crematory and Funeral Director. Their officers and employees for any liability, cost, expenses, or claims resulting from this authorization.

I (we) further state that the deceased has not had a heart pacemaker implanted, radiation producing implant, mechanical or prosthetic device, nor any other life sustaining device that could be explosive. If such a device exists, I (we) have instructed the Funeral Director or others to remove it before cremation. I (we) also agree that in the event of my (our) failure to notify the Funeral Director or any others responsible for the removal of such a device I (we) will be liable for any damages to the Crematory or injury to Crematory personnel.

Casket / Alternative Container Type:

- ☐ Wood
- ☐ Cardboard
- ☐ Metal

Jewelry / Personal Property:

- ☐ Removed by Funeral Director
- ☐ Cremated with body
- ☐ No Jewelry

Device/Implants	NO		YES
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+Silicon Implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosthetic Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time of Cremation

- ☐ The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits and without further notification to the Authorizing Agent.
- ☐ The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Urn or Temporary Container

- ☐ Urn selected by Authorizing Agent: \_\_\_\_\_
- ☐ Standard temporary container provided by Crematory

Next of Kin: If the legal next of kin or if all persons the same degree of kinship are not signing below, a written explanation must be completed by the persons signing below as Authorizing Agent. Separate authorization(s), if necessary, shall be attached to and considered part of this form.

Therefore, I (we) the undersigned, hereby certify that I am (we are) the closest living next of kin of the decedent and that I am (we are) related to the decedent as his/her \_\_\_\_\_ or that I (we) otherwise serve in the capacity of \_\_\_\_\_ to the decedent that I (we) have the charge of the remains of the deceased and as such possess full legal authority and power, according to the laws of the State of Michigan to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am (we are) aware of no objection to this cremation by any spouse, child, parent, or sibling specified. There is another living person, \_\_\_\_\_ (name and relationship) who has the right to control the final disposition of the decedent. That person has provided me (us) with written permission to arrange for the cremation of the decedent. Initials of AA \_\_\_\_\_.

There is another living person, \_\_\_\_\_ (name and relationship), who has the right to control the final disposition of the decedent I (we) have made all reasonable effort to contract this person, but have been unable to do so. However, I (we) have no reason to believe that this person would object to the cremation of the decedent. Initials of AA \_\_\_\_\_

Signature of Authorizing Agents(s)

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Relationship to decedent \_\_\_\_\_ Signature \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Relationship to decedent \_\_\_\_\_ Signature \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Relationship to decedent \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Funeral Director as Witness of Signature of AA's \_\_\_\_\_

It is requested that the following disposition be made of the remains:  
☐ Crematory shall deliver to the Funeral Home  
☐ Pick-up (within 10 days) at Crematory  
☐ Certified Mail (Crematory shall not be liable for any claims or damages to said shipment)

Address to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cremated Remains Returned Date: \_\_\_\_\_ Via: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_