

# SOUTHERN MICHIGAN SERVICES

## AUTHORIZATION FOR CREMATION

I, the undersigned (the Authorizing Agent) hereby authorize Southern Michigan Services, subject to its rules and regulations to cremate the human remains of \_\_\_\_\_. I have identified the human remains delivered to the funeral home as the decedent and have given proper authorization to deliver the decedent to Southern Michigan Services, for cremation.

### IDENTIFICATION

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Was death caused by an infectious or contagious disease? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_  
Type of casket or container selected \_\_\_\_\_

### PACEMAKERS AND RADIOACTIVE IMPLANTS

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT  
TO SOUTHERN MICHIGAN SERVICES

This person does ☐ does not ☐ have a medical implanted device \_\_\_\_\_ (Initial)

### LIMITATION OF LIABILITY

As the Authorizing Agent(s). I (we) hereby agree to indemnify, defend, and hold harmless Southern Michigan Services and Phillips Funeral Home Inc., its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to Southern Michigan Services, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Southern Michigan Services or Phillips Funeral Home, Inc., its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

### SIGNATURE OF AUTHORIZING AGENT(S)

***THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.  
CREMATION IS IRREVERSIBLE AND FINAL. — READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.***

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to Induce Southern Michigan Services to cremate the human remains of the decedent, and that the undersigned have read both front and reverse side of this form and understand the provisions contained on this form. The undersigned, further agrees to pick up the cremains from the Funeral Director, or make arrangements for their final resting place within 90 days. **Phillips Funeral Home Inc.** will unconditionally not be responsible or liable for cremains not picked up within the stated time period and reserves the right to dispose of al cremains if not picked up. The undersigned further represents they have truthfully identified all relatives and they are the closest living legal next of kin of the deceased, having full legal authority to authorize and direct cremation, processing and disposition of the cremated remains of the deceased.

Executed at _____, this _____ day of _____ 20 _____	
Name (Print) _____	Name (Print) _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Signature _____	Signature _____
Relationship _____	Relationship _____
Name (Print) _____	Name (Print) _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Signature _____	Signature _____
Relationship _____	Relationship _____

\_\_\_\_\_  
Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s)

\_\_\_\_\_  
Phillips Funeral Home, 122 West Lake Street, South Lyon, MI 48178  
Name and Address of Funeral Home

### REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.