

CREMATION AND PROCESS AUTHORIZATION

(PLEASE TYPE OR PRINT)

NAME OF DECEASED				AGE	SEX
ADDRESS	CITY	STATE	DATE OF DEATH	PLACE OF DEATH	
CAUSE OF DEATH			ATTENDING PHYSICIAN		

DISPOSITION OF CREMAINS:

- RETURN REGISTERED MAIL TO FUNERAL DIRECTOR
- TO BE PICKED UP BY FUNERAL DIRECTOR OR HIS AGENT WITHIN 10 DAYS
- TO BE SENT REGISTERED MAIL TO:

NAME		RELATIONSHIP			
ADDRESS	CITY	STATE	ZIP CODE		

PACEMAKER: YES NO ALL PACEMAKERS MUST BE REMOVED

JEWELRY: REMOVED BY FUNERAL DIRECTOR CREMATED WITH BODY BODY CONTAINS NO JEWELRY

CASKET TYPE: WOOD CARDBOARD METAL

I HEREBY CERTIFY THAT I HAVE FULL POWER AND AUTHORITY TO ARRANGE FOR THE CREMATION OF THE NAMED DECEASED AND DIRECT THE DISPOSITION OF CREMATED REMAINS. I HEREBY AGREE TO PROTECT, DEFEND AND KEEP AMERICAN CREMATORY AND ITS REPRESENTATIVES FOR ANY AND ALL LIABILITY DUE TO SAID AUTHORIZATION AND CREMATION AND DIRECT THE DISPOSITION OF THE CREMATED REMAINS AS STATED ON THE REVERSE SIDE

NAME (PRINT) RELATIONSHIP SIGNATURE

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ADDRESS CITY STATE ZIP

I CERTIFY THAT THE FOREGOING AUTHORITY AND CERTIFICATE ARE JUST AND TRUE TO THE BEST OF MY KNOWLEDGE

Sorenson-Lockwood Funeral Home, Inc.

FUNERAL DIRECTOR SIGNATURE

P.O. Box 602

LIC. NO.

Grayling, MI. 49738

CITY STATE ZIP CODE DATE

Email: sorensonlockwood@gmail.com

CREMATORY USE—CREMAINS PICKED UP BY:

(NAME)

SIGNATURE

ADDRESS

DATE AGENT