

Approximate weight of the deceased: _____ lbs

Witness of cremation Yes / No

additional fees will be applied for bariatric individuals or if you wish to witness the cremation

For Office Use Only

Tag/Identification #: _____

Cremation Date: _____

CREMATION AUTHORIZATION

This form must be completed by the next of kin or funeral representative. All fields must be completed

I hereby authorize and direct the crematory selected by Professional Mortuary Services subject to its rules and regulations, to cremate the body of

Full Legal Name of Deceased: _____

Date of Birth Month _____ Day _____ Year _____

My Relationship to the Deceased is: _____ Priority order = 1. Funeral Representative 2. Spouse 3. Adult Child 4. Grandchildren 5. Parent 6. Grand Parents 7. Sibling 8. Guardian 9. Next degree of kindred / Power of Attorney (if Power of Attorney send document)

Upon my oath and under penalty of perjury I hereby swear and affirm that to the best of my knowledge there is no other person having a prior right to give this authorization to control the remains of the above-named decedent. I hereby agree to hold the Crematory, Funeral Director, or person acting as such, their officers and employees harmless from any liability cost or expenses resulting from this authorization. I further understand that the cremation process is subject to the following terms and conditions:

The body presented to Crematory is that of the named deceased as identified in accordance with Professional Mortuary Services procedures.

PACEMAKER ALERT: Does the deceased have a pacemaker? YES _____ and authorize its removal NO _____

RADIATION ALERT: Has the deceased received any radioactive drugs? YES _____ NO _____

CONTAGIOUS DISEASE ALERT: Does the deceased have any disease declared to be infectious, contagious, communicable or dangerous to the public health: YES _____ NO _____

Make it be known that the family of the deceased must inform Professional Mortuary Services if the deceased died knowingly of an Infectious/Contagious disease. For dignity and safe handling procedures it is the policy of the Crematory that the body be placed in a rigid enclosed container. All prostheses (hip joints, surgical pins, etc.), bridgework or similar items will be discarded after the cremation process is completed. Gold inlays and fillings, rings and jewelry will lose their identity and will also be discarded. Pulverizing of the cremated remains by crushing and grinding is part of the normal process involved in preparing the cremated remains. The bulk of the pulverized cremated remains will be returned, however some will be irreclaimable during the processing and containerization. The amount of processed cremated remains may exceed the capacity of the urn or temporary container. Any excess pulverized, cremated remains will be placed in a separate container and will accompany the primary urn or temporary container when released. Urns should be 180 cubic inches or larger for the average adult. Persons authorizing cremation shall, at his or her sole expense, agree to defend, hold harmless and indemnify the Crematory its officers, directors, employees and agents from any claim, liability, suit, cause of action, cost or expense (including, without limitation, reasonable attorney's fees incurred) resulting, in any way, from reliance on or performance consistent with the direction, declarations, representation, authorizations and agreements herein, including but not limited to any delay in or damage arising from the transportation of the Decedent's body or cremated remains. If shipment of the cremated remains is required, I direct they be shipped via carrier of Professional Mortuary Services discretion.

DISPOSITION OF CREMATED REMAINS (Initial line of your choice below) additional fees will be applied for forwarding of the remains

(INITIAL) _____ Cremated remains are to be held for/sent to (Name of recipient): _____

- OR - Address: _____

(INITIAL) _____ Professional Mortuary Services will arrange for a scattering, within 6 months of the cremation.

*In the event that the cremated remains are returned due to undeliverable address, reasonable effort will be made in accordance with Professional Mortuary Services policy and procedures to contact the intended recipient. If contact is unsuccessful, the cremated remains of the deceased will be disposed within 6 months of the cremation. In the event the remains are not picked up within 6 month, the signer hereby authorizes Professional Mortuary Services to dispose of the remains

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE. All fields must be filled out.

Signature of Consenter: _____

Print Name: _____

Date Signed: _____

Email: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone #: _____

By signing I have had adequate time for consideration and all my questions have been answered and authorizes Professional Mortuary Services to bring into their care the remains of the afore mentioned deceased. I also authorize any and all medical information to be released to Professional Mortuary Services. I hereby verify my understanding of all listed disclosures as indicated.

Professional Mortuary Services, 3833 Livernois Rd., Detroit, Michigan 48210
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