

A&K Cremation Services, Inc.

Phone (906) 786-6675 • Fax (906) 786-6678 • Escanaba, Michigan 49829

Authorization and Order for Cremation

Subject to the rules and regulations of A&K Cremation Services, Inc., herein referred to as the Company, or its duly authorized agent, the Company is authorized to take possession of and directed to cremate the remains of:

Deceased _____ Date of Death _____

A&K Cremation Services, Inc. Practices for Cremation and Disposition

Cremation is performed by placing an individual cremation container or prepared casket within the cremation chamber where the temperature is raised to approximately 1,100 degrees Celsius. Upon the completion of the Calcine cycle, all substances are consumed or driven off, except bone fragments and other artificial materials. Due to the high heat of the cremation process, materials such as dental gold, silver, etc. are not separate or recoverable. The cremated remains are then taken from the chamber. Any large, visible non-bone materials will then be separated from the remains and will be disposed of by the Company. The cremated remains are then mechanically pulverized. In the case of an infant, there will be few, if any, remains. Once processed, the remains are then encased in a temporary container which is designed for short-term use and is not recommended for shipment or burial.

A&K Cremation Services, Inc. Disclosure and Permissions *(initial each)*

- _____ I have read and understand A&K Cremation Services, Inc. practices for cremation and disposition.
- _____ I have informed the Funeral Director of, and authorize him to remove, a pacemaker or any other implant that could be explosive and/or cause damage or injury to the Crematory or its personnel.
- _____ The deceased does not have an infectious or contagious disease. If so, identify the disease _____

Signature(s) of Authorized Representative(s) for Cremation and Disposition*

No cremation may take place without written authorization from authorized representative(s) of the deceased. I declare that foregoing is true and correct and that I give permission as the closest next-of-kin, or named Executor or a Will, for A&K Cremation Services, Inc. to cremate the remains of said deceased.

Name _____ Name _____

Address _____ Address _____

Signature _____ Signature _____

Relationship _____ Relationship _____

Name _____ Name _____

Address _____ Address _____

Signature _____ Signature _____

Relationship _____ Relationship _____

*Closest next-of-kin is the surviving person or persons listed below in following order:

(1) Spouse (2) Children (3) Grandchildren (4) Parents (5) Brother(s) or Sister(s) (6) Nephews and Nieces (7) Grand-nephews and Grand-nieces (8) Grandparents (9) Uncles and Aunts (10) First Cousins and thereafter. All persons within the same degrees of kinship must sign or authorize cremation.

Disposition of Cremated Remains

I hereby authorize the transfer of said cremated remains as follows: _____

Urn or container _____ (type) to be supplied by Funeral Director _____ or Company _____

initial _____ Release/deliver said remains to Funeral Home within 10 days.

initial _____ I appoint the Company as my Agent to make shipment of said remains via U.S. mail or scheduled air freight. I agree that the Company services have been fully completed when the remains leave the Company as instructed and the Company is only acting as my Agent for accommodation in carrying out these instructions.

Ship to: Name _____ Address _____

City _____ State _____ Zip Code _____

Via _____

The Company reserves the right to accept or reject a cremation container constructed of noncombustible materials. The Company is authorized to remove any portion of the cremation container and discard same which may cause damage to the cremation chamber.

A&K Cremation Services, Inc. is not responsible for the identification of human remains accompanying this order for cremation, that being the responsibility of the next-of-kin and the Funeral Director.

The Funeral Home in charge is _____

The Funeral Director in charge is _____

Dated _____ Agreement No. _____

WHITE - CREMATORY YELLOW - FUNERAL HOME PINK - FAMILY