

# Valley North Crematory Inc.

54385 Cemetery Road • Lake Linden, MI 49945

## Cremation Authorization Form

The undersigned authorizes Valley North Crematory Inc. in accordance with and subject to its rules and regulations, to cremate the remains of \_\_\_\_\_

a male/female who died at \_\_\_\_\_  
(CIRCLE ONE) (CITY, COUNTY, STATE)

at \_\_\_\_\_, am/pm on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ at the age of \_\_\_\_\_ years.  
(TIME)

### AUTHORIZATION TO CREMATE

The person legally entitled to order the cremation is the authorizing agent.

NAME OF AUTHORIZING AGENT:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINTED NAME OF AUTHORIZING AGENT)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(DATE)

### RELATIONSHIP OF AUTHORIZING AGENT TO THE DECEDENT CHECK ONE THAT APPLIES

- (a) \_\_\_\_\_ The decedent through a preneed cremation authorization;
- (b) \_\_\_\_\_ The surviving spouse of the decedent;
- (c) \_\_\_\_\_ The surviving adult children of the decedent;
- (d) \_\_\_\_\_ The surviving parents of the decedent;
- (e) \_\_\_\_\_ The surviving adult grandchildren of the decedent;
- (f) \_\_\_\_\_ The surviving adult siblings of the decedent;
- (g) \_\_\_\_\_ A next closest relative of the decedent;
- (h) \_\_\_\_\_ In the absence of any of the above, by order of the District Court.

The right to control the disposition of the remains of the deceased person and the duties of disposition devolves upon the authorizing agent.

I, \_\_\_\_\_ certify that I have personally or have made arrangements for the  
(Authorizing Agent)

Positive identification of \_\_\_\_\_  
(DECEDENT)

Did the decedent die as a result of an infectious or contagious disease? Yes/No

If yes, please explain \_\_\_\_\_

Did the remains contain any pacemaker, radiation producing implant device, or any other medical implants? Yes/No

If yes, has the funeral home removed or made arrangements for removal of such objects? Yes/No

### DISPOSITION OF CREMATED REMAINS

Disposition of remains shall be by: Type of urn or container \_\_\_\_\_

Initial \_\_\_\_\_ Delivery either in person or by registered mail to: \_\_\_\_\_

Initial \_\_\_\_\_ Picked up at the crematory office by: \_\_\_\_\_

### SIGNATURE(S) OF ADDITIONAL AUTHORIZED REPRESENTATIVE(S)

No cremation shall take place without the signature of all authorized representative(s) of the deceased having the same degree of kinship as the authorizing agent

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

Attach additional names and signatures of legal representatives if necessary.

By signing this form, the authorized representative(s) certify that they have read and understood all crematory rules and regulations as stated on the reverse of this form and all that all statements were made truthfully and accurately.

Funeral Home in Charge \_\_\_\_\_

Funeral Director in Charge \_\_\_\_\_