

For Office Use Only

Tag/Identification #: \_\_\_\_\_

Cremation Date: \_\_\_\_\_

### CREMATION AUTHORIZATION

If BEFORE death, this form must be completed by the donor or their Medical Power of Attorney (if Power of Attorney send document). If AFTER death, this form must be completed by the next of kin.

I hereby authorize and direct the crematory selected by Professional Mortuary Services ("Crematory"), subject to its rules and regulations, to cremate the body of **Full Legal Name of Deceased:** \_\_\_\_\_  
(as it appears on Social Security Card)

**My Relationship to the Deceased is:** \_\_\_\_\_ Priority order = 1. Self 2. Spouse 3. Adult child  
4. Parent 5. Sibling 6. Guardian 7. Next degree of kindred 8. Donor's estate Representative 9. Medical 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? (INITIAL)  YES and I authorize its removal  
 NO

**RADIATION ALERT:** Has the deceased received any radioactive drugs such as Metastron which contains Strontium-89 or Brachytherapy?  
(INITIAL)  YES  NO

**CONTAGIOUS DISEASE ALERT:** Does the deceased have any disease declared to be infectious, contagious, communicable or dangerous to the public health?  
(INITIAL)  YES  NO

For sanitation purposes 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 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)**

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

- OR -

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

\*Please notify us if address of person to receive cremated remains changes. If 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 scattered within one year of cremation.

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE**

This authorization must be signed in the presence of a notary. *All fields must be filled out.*

Signature of Consenter: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date Signed : \_\_\_\_\_ Time Signed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ Notary Seal:

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

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