

Genesee Cremation Center Inc.  
10510 N. HOLLY RD. HOLLY MJ. 48442  
810-695-5166 FAX 695-0893

REG. # \_\_\_\_\_

(PLEASE TYPE OR PRINT)

**CREMATION AND PROCESS AUTHORIZATION**

\_\_\_\_\_  
CREMATION DATE

NAME OF DECEASED \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_ ATTENDING PHYSICIAN \_\_\_\_\_

**DISPOSITION OF CREMAINS** REGISTERED MAIL TO PICK UP BY (within 10 days)  
1. FUNERAL DIRECTOR 2. AUTHORIZED AGENT 3. OTHER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**ALL PACEMAKERS MUST BE REMOVED** NOTICE: Some heart Pacemakers, radiation producing implants, and other life sustaining devices can be dangerous when placed in a cremation chamber. All such devices must be removed before cremation in GENESEE CREMATION CENTER, INC. If not removed, the family shall be held responsible for any damage and/or injury resulting,

**HAS BODY BEEN MEDICALLY TREATED WITH RADIOACTIVE ISOTOPES (e.g. STRONTIUM 89) PRIOR TO DEATH? YES NO**

JEWELRY: BODY CONTAINS NO JEWELRY REMOVED BY FUNERAL DIRECTOR CREMATED WITH BODY  
CASKET TYPE: WOOD CARDBOARD ALTERNATIVE CONTAINER

I (WE) HAVE IDENTIFIED THE HUMAN REMAINS THAT WERE DELIVERED TO THE FUNERAL HOME AS THE DECEDENT, AND HAVE AUTHORIZED THE FUNERAL HOME TO DELIVER THE DECEDENT TO GENESEE CREMATION CENTER, INC FOR CREMATION.

**Are viewing or services to be held PRIOR to Cremation: YES NO**

I (we) hereby certify that I (we) have full authority to arrange for the Cremation, Processing, and Disposition of the cremated remains of the named decedent. I (we) hereby agree to indemnify, defend and hold harmless GENESEE CREMATION CENTER, INC, its officers, agents and employees of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the authorizing agent to properly identify the human remains transported to GENESEE CREMATION CENTER, INC. The Funeral Director has fully explained the INFORMATION, OPERATIONAL POLICIES PROCEDURES OF GENESEE CREMATION CENTER, INC and I (we) fully understand them. I (we) therefore authorize GENESEE CREMATION CENTER, INC to proceed with the cremation.

SIGNATURE(S) OF AUTHORIZED REPRESENTATIVE(S) FOR CREMATION AND DISPOSITION

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I certify that the foregoing authority and certifications are just and true to the best of my knowledge. I have fully explained to the authorizing agent(s) the Information Operational Policies/Procedures of GENESEE CREMATION CENTER, INC.

FUNERAL HOME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FUNERAL DIRECTORS SIGNATURE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_  
DATE \_\_\_\_\_

CREMATORY USE: URN SELECTED - \_\_\_\_\_ RECEIVED REMAINS DATE \_\_\_\_\_ TIME \_\_\_\_\_  
\_\_\_\_\_ CREMATION COMPLETED DATE \_\_\_\_\_ TIME \_\_\_\_\_  
\_\_\_\_\_ DISPOSITION OF CREMAINS DATE \_\_\_\_\_ TIME \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_