

AUTHORIZATION FOR CREMATION

Paschal Cremation Services

431 School Street
Hudson, Michigan 49247
517-448-8868

Date _____

Funeral Home _____

Cremation No. _____

J. Gilbert

Purse Funeral Home WWW.PURSEFUNERALHOME.COM 1.800.833.4551

The undersigned, does hereby authorize and request **Paschal Cremation Services** in accordance with and subject to its rules and regulations, to cremate the remains of _____

who passed away at _____

on the date of _____, of the following cause _____

and was born on the date of _____.

I, _____ have positively identified the said remains or papers attached
(Please Print Name of Signer)

The undersigned, further certifies and represents that he or she has the right to authorized cremation and that the consent of no other person is necessary for this order, and agrees to hold Paschal Cremation Services & J. Gilbert Purse Funeral Home harmless from any liability on account of said authorization and cremation. The undersigned, further agrees to pick up the cremains from the Funeral Director, or make arrangements for their final resting place within ninety (90) days.

Pacemaker: YES NO ALL PACEMAKERS MUST BE REMOVED

Jewelry: Removed by Funeral Director Cremate with Body Body contains no Jewelry

Container: Wood Casket Cardboard Metal Cremation Container _____

Teeth: Natural False Plate

Signature of next of kin (Authorized Signer) _____

Address _____ City _____ State _____ Phone _____

Funeral Director _____ Phone _____

This authorization, fully signed and completed, must accompany casketed remains (excluding a plastic casket), and be delivered to the PASCHAL CREMATION SERVICES together with a Board of Health, Burial Transit or other appropriate permit, before cremation can be performed.

Date Cremated _____ Operator _____

Please ship cremains to (If other than Funeral Home): _____

Cremains Returned: Date _____ Via _____

Received by: _____ Date _____