

AUTHORIZATION FOR CREMATION

Tri County Cremation Services

Ypsilanti, Michigan 48198

1-800-828-5871

(734) 485-0050

FAX (517) 266-2750 Adrian, MI

FAX (517) 423-2122 Tecumseh, MI

Date _____

Funeral Home J. Gilbert Purse

Cremation No. _____

J. GILBERT PURSE FUNERAL HOME www.pursefuneralhome.com **1.800.833.4551**

The undersigned, does hereby authorize and request **Tri-County 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 said Crematory and 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 (30) THIRTY days.

Pacemaker: YES NO ALL PACEMAKERS MUST BE REMOVED

Cremation Casket: CARDBOARD CASKET (included in our direct cremation price)

PLYWOOD CASKET (required for decedent 300 LBS plus / additional \$95)

J. GILBERT PURSE F. H. & TRI COUNTY CREMATORY ACCEPTS NO RESPONSIBILITY FOR ANY PERSONAL EFFECTS OR JEWELRY THAT ARE LEFT WITH THE DECEDENT FOLLOWING GIVEN PERMISSION TO TRANSPORT DECEDENT FOR CREMATION. ALL EFFECTS OR JEWELRY NOT REMOVED BY THE FAMILY BEFORE OUR TRANSPORT WILL BE ASSUMED TO BE CREMATED ALONG WITH THE DECEDENT.

Signature of Next of Kin (Authorized Signer) **X** _____ Relationship: _____

Address _____ City _____ State _____ Phone _____

Funeral Director Gary Purse Phone 800-833-4551

This authorization, fully signed and completed, must accompany casketed remains (excluding a plastic casket), and be delivered to the Tri-County 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): J. Gilbert Purse

Cremains Returned: Date _____ Via _____

Received by: _____ Date _____