



AUTHORIZATION FOR CREMATION & DISPOSITION

Michigan Memorial Funeral Home, Inc.

30895 W. Huron River Drive

Flat Rock, MI 48134

CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS. Prior to signing this Authorization Form, it is important that you understand the cremation process, which is explained in the Policies, Procedures & Requirements printed elsewhere on this form. We want you to fully understand the information provided on this document, so we will be pleased to answer, or obtain answers to, any questions about the cremation process or other questions that you may have.

I (We), the undersigned (the "Authorizing Agent(s)" or "AA"), hereby authorize and request Michigan Memorial Funeral Home, Inc. ("MMFH"), in accordance with its Policies, Procedures & Requirements printed elsewhere on this form which we have read and agree to abide by and subject to any applicable state or local laws or regulations, to arrange for the cremation of the remains of the deceased listed below and to arrange for the final disposition or return of the cremated remains, as set forth on this form.

Initials of AA _____

IDENTIFICATION

I (We) have made or agree to make a positive identification ("P.I.") of the remains delivered to the funeral home as the deceased, and subsequently authorize the funeral home to deliver the deceased to Crematory for cremation.

Initials of AA _____

IDENTIFICATION / VIEWING OF THE DECEASED

Name of the deceased: _____ Date of birth: _____ Gender: _____

Date of death: _____ Time of death: _____ Place of death: _____

Signature of person(s) who made the positive identification: X _____ X _____

ARTIFICIAL DEVICES, PACEMAKERS, PROSTHESES & RADIOACTIVE IMPLANTS

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEASED TO THE CREMATORY.

Was the deceased treated with radioactive therapy? Yes _____ No _____

Are there any existing Artificial Devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the deceased? Yes _____ No _____

If Yes, List: _____

I (We) hereby instruct MMFH to remove or arrange for the removal of any pacemaker, radioactive Implant, or other hazardous device, to charge for its services in making or arranging for such removal and to properly dispose of such devices as it sees fit and at any time.

Initials of AA _____

or

The deceased's remains do not contain a pacemaker, radioactive implant or any other device that could cause injury to Crematory personnel or damage to the crematory and are safe to cremate.

Initials of AA _____

PERSONAL PROPERTY

All personal property and effects delivered with the remains of the deceased to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses and shoes, will be destroyed in the cremation process and, after the cremation be discarded by the Crematory.

CREMATION CONTAINER / CASKET AND URN

Cremation Container / Casket Selected: _____ Cremation Urn (s) Selected: _____
Cremation Keepsake Urn(s) # _____ Description _____

OBSERVING / WITNESSING

It is the policy of the Crematory to not allow non-employees of the Crematory or MMFH to witness the actual cremation and processing, unless such witnessing is required in accord with the religious practices of the deceased. However, a limited number of people may watch the placement of the cremation container into the cremation chamber. Listed below are the names of the people I(We) wish to be allowed to watch the placement of the cremation container into the cremation chamber:

1. _____ 2. _____ 3. _____

Initials of AA _____

TIME OF CREMATION

Unless scheduled below, or the time requested below is not available, Crematory is authorized to perform the cremation of the deceased according to its own time schedule, as work permits, and without obtaining any further authorization or instruction.

I(We) request, subject to availability of the crematory, that the cremation take place on:

Date: _____ Time: _____

Initials of AA _____

FINAL DISPOSITION OF CREMATED REMAINS

Cremated remains shall only be released, delivered, mailed or disposed of by MMFH in a dignified manner, in accordance with the law, and with the express written consent of the Authorizing Agent(s) who hereby authorizes the MMFH and Crematory to release, deliver, transport or mail (registered-return receipt) the cremated remains to the name and address listed below for (Check all of the following that apply):
 Personal Disposition Inurnment Interment

1. Deliver or Release all cremated remains (even if split into different urns / keepsakes / containers) to the following designated Party: (Person or Cemetery)

Name _____ Relationship _____
Address _____ Scheduled Release date _____ OR,

2. ___ Deliver cremated remains to the U.S. Postal Service for shipment by registered-return receipt mail to the party listed above for disposition. (Attach copy of Post Office Receipt)

I (we), the Authorizing Agent(s), hereby confirm the instructions above for FINAL DISPOSITION of the cremated remains.

Initials of AA _____

REPRESENTATIONS OF FUNERAL DIRECTOR

I represent and warrant to the Crematory that: I am a licensed funeral director in accordance with the laws of Michigan; I am employed by or am an agent of Michigan Memorial Funeral Home, Inc.; Michigan Memorial Funeral Home, Inc. was responsible for making arrangements with the Authorizing Agent(s) for the cremation of _____ and that I have reviewed this Authorization for Cremation with the Authorizing Agent(s);

Neither I nor any other employee or agent of Michigan Memorial Funeral Home, Inc. has any knowledge or other information that would lead us to believe that any of the information or representations provided or made by the Authorizing Agent(s) are incorrect; The remains delivered by the Michigan Memorial Funeral Home, Inc. to Crematory and represented as the remains specified on this Authorization are in fact the remains of _____ as identified to the Michigan Memorial Funeral Home, Inc. as the deceased; All necessary permits authorizing the cremation of the deceased were obtained by the Michigan Memorial Funeral Home, Inc., and that those permits are attached to this Authorization; Representations contained on the permit authorizing the cremation concerning the deceased's cause of death as well as those regarding infectious or contagious disease are true; and all pacemakers, or any other material or implant, radioactive or otherwise, that may be potentially hazardous or destructive of the crematory have been removed.

Signature of Funeral Director

Printed Name of Funeral Director, State of Licensure, and License Number

RECEIPT OF ALL CREMATED REMAINS (DO NOT SIGN UNTIL ALL CREMATED REMAINS ARE RELEASED)

Time of Receipt: _____ a.m. _____ p.m. Day: _____ Date of Receipt: _____, 201__

I/We acknowledge receipt of and henceforth assume full responsibility for ALL cremated remains of the Deceased. # ____ of containers

Signature(s) of Authorized Designated Party(ies)

Print Name

Receiving Cremated Remains from Michigan Memorial Funeral Home, Inc.

Signature and Printed Name of Representative of Michigan Memorial Funeral Home, Inc. delivering Cremated Remains to Authorized Designated Party(ies)

Policies, Procedures & Requirements

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of Michigan Memorial Funeral Home, Inc. and Crematory.

The policies, procedures and requirements described herein are incorporated in this document, Authorization For Cremation & Disposition (the "Authorization Form"). We suggest you take the time to read this document carefully before executing the Authorization Form.

CREMATORY REQUIREMENTS FOR CREMATION

Cremation will take place only after all the following conditions have been met.

- 1) ALL scheduled ceremonies or viewings have been completed.
- 2) Civil and medical authorities have issued all required permits.
- 3) All necessary authorizations have been obtained, and no objections have been raised.
- 4) The decedent's remains have been identified by the next of kin, the Authorizing Agent or other legal authority.
- 5) The dimensions of Decedent can be safely accommodated by the crematory equipment. This requirement is at the discretion of the operator.

CASKETS / CONTAINERS

Crematory requires either a cremation casket or an alternative cremation container. All caskets and containers must meet the following standards: 1) be composed of materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for the health and safety of crematory personnel.

Many caskets that are comprised primarily of combustible material also contain some exterior parts, i.e. decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. Crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

NOTE: CREMATORY DOES NOT ACCEPT METAL CASKETS

CREMATED REMAINS WILL BE PROCESSED: YES ___ / NO ___ (check one) IF "NO", A SIGNED "CREMATION WITHOUT PULVERIZATION / RELEASE OF FUNERAL HOME" MUST BE ATTACHED TO THIS AUTHORIZATION.

PACEMAKERS, PROSTHESES & RADIOACTIVE IMPLANTS

Pacemakers and prosthesis, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to Crematory or its personnel by the failure to remove such devices or implants. I / We authorize MMFH to dispose of all pacemakers, prostheses and all other devices at their discretion. Initials of AA _____

AUTHORITY OF AUTHORIZING AGENT(S)

I (We) hereby certify that the deceased left the following surviving heirs at law: (Stop at the first "Yes")

- Yes ___ No ___ Spouse Name: _____
- Yes ___ No ___ Children / How Many ___
- Yes ___ No ___ Grandchildren / How Many ___
- Yes ___ No ___ Parent(s) / How Many ___
- Yes ___ No ___ Sibling(s) /How Many ___

If all responses are No, the person(s) in the next degree of kinship to the deceased is (are): _____

Name & Relationship

I (we), the undersigned, hereby certify that I (we) am (are) the closest living next of kin or that there is no next of kin of the deceased and that I (we) am (are) aware of NO OBJECTION to this cremation by any spouse, child, parent or sibling specified. I (We) further understand that any living person who meets the qualifications of any level above or equal to the one I (we) filled in would have a superior or equal right to act as the Authorizing Agent. I (We) do not have actual knowledge of the existence of any living person who has a superior or equal right to act as the Authorizing Agent.

Initials of AA _____

EMBALMING

Except in certain cases, embalming is not required by law if the Deceased is cremated within 48 hours after death. I (We) acknowledge that **Michigan Public Health Rules** require embalming of a deceased if they cannot reach their destination within 48 hours from time of death (burial, cremation, anatomical donation). **(MI Public Health Rules 325.1141- 325.1142).**

1. I (We) therefore agree and authorize embalming if the Deceased is to be cremated more than 48 hours after death.
2. I (We) agree that if a delay necessitating embalming is caused by an entity other than MMFH (i.e. medical examiner, doctor, hospital, family, etc.), then an additional charge of \$_____ will be added to the funeral bill;
3. If a delay necessitating embalming is caused due to MMFH or Crematory scheduling, I (We) will not be charged an embalming fee.
4. MMFH may embalm at its discretion once it determines that the 48-hour limitation will not be met.

Initials of AA _____

LIMITATION OF LIABILITY

I(We) hereby indemnify, hold harmless, and agree to defend MMFH, Crematory, their respective owners, officers, directors, 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, or expenses of litigation or other form of claims or disputes resolution, arising from, based upon, or otherwise connected with this Authorization, including the identification of the deceased, the processing, shipping, or disposition of the deceased's cremated remains, damage to the crematory or anyone arising from the failure to remove harmful or explodable implants, claims made by any other person(s) claiming the right to control the disposition of the body of the deceased or the cremated remains, or any other action or non-action by MMFH, Crematory, their respective owners, officers, directors, agents, and employees pursuant to this Authorization, excepting only acts of willfully gross negligence.

Initials of AA _____

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION, WHICH IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. IT AUTHORIZES MICHIGAN MEMORIAL FUNERAL HOME, INC. TO HAVE THE BODY OF _____ CREMATED.

By executing this Authorization for Cremation, I (we) represent that: I (we) have the legal right to authorize the cremation of the body of _____ and warrant that the information provided in this Authorization for Cremation is true and correct; I (we) have charge of the body of the deceased; I (we) have and possess full legal authority and power to execute this Authorization for Cremation; I (we) have and possess full legal authority and power to arrange for the cremation and disposition of the cremated remains of the deceased; These statements were made to induce Crematory to cremate the body of the deceased; and that I (we) have read and understand the provisions of this Authorization for Cremation including the "Policies, Procedures and Requirements" set forth elsewhere on this form.

Signed:

Dated:

_____	_____	_____
Print Name	Signature	
_____	_____	_____
Print Name	Signature	
_____	_____	_____
Print Name	Signature	
_____	_____	_____
Print Name	Signature	
_____	_____	_____
Print Name	Signature	
_____	_____	_____
Print Name	Signature	
_____	_____	_____
Print Name	Signature	

Witnessed:

Dated:

IF THIS FORM IS BEING SIGNED VIA FAX / EMAIL THE FOLLOWING STATEMENT MUST BE INITIALED - I HAVE RECEIVED AND READ ALL 4 PAGES OF THIS "AUTHORIZATION FOR CREMATION AND DISPOSITION" (Initial) _____

All cremations are performed individually unless there is a specific request by the Authorizing Agent instructing to the contrary and for extenuating circumstances such as the simultaneous death of a parent and child. Crematory reserves the right to agree to or decline a special request by an Authorizing Agent.

Cremation is performed by placing the deceased in a cremation casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds and usually measure in excess of 150 cubic inches in the case of an average size adult, are then raked, swept and then vacuumed from the cremation chamber. Crematory strives to remove 100% of the recoverable cremated remains from the cremation chamber, but it is impossible to remove some dust and other residue from the cremation chamber. While every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible and magnetic selection and will be disposed of by Crematory with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified at the bottom of Page 2, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains. Processing of the cremated remains is necessary to allow them to be accommodated by a standard-sized urn.

URNS/CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container purchased or provided by the Authorizing Agent. Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment or in the cremation chamber. In the event the urn or container is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the instructions on the Authorization Form.

MMFH requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urn or container be a minimum size of 200 cubic inches. If such an urn or container is not provided for the cremated remains, then Crematory will place the cremated remains in a container designed for shipping or temporary storage.

FINAL DISPOSITION

MMFH requires that arrangements for final disposition of the cremated remains be made at the time that the cremation arrangements are documented and that the Authorization Form is completed.

Following the cremation, the Authorizing Agent directs Crematory and/or Funeral Home to undertake the expressed, written instructions set forth under FINAL DISPOSITION on the Authorization for Cremation & Disposition (the "Authorization Form") arranging for the final disposition or receipt of the cremated remains of the Decedent. Cremated remains shall only be released, delivered, mailed or disposed of by MMFH or Crematory in a dignified manner, in accordance with the law, and with the expressed written consent of the Authorizing Agent. If the cremated remains are shipped at any time, the Authorizing Agent directs that Crematory or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

If the option for final disposition as selected by the Authorizing Agent under FINAL DISPOSITION on the Authorization Form is for scattering, which may include the use of an ossuary, then the cremated remains will not be recoverable. If scattering is performed in a common area, such as an ossuary, then the cremated remains will be commingled with other cremated remains.

If the party expressly listed in writing by the Authorizing Agent under FINAL DISPOSITION on the Authorization Form fails to retrieve or refuses to accept the cremated remains per the expressed written, instructions of the Authorizing Agent, then MMFH shall be authorized to arrange for final disposition of the cremated remains in any manner permitted by law. In this event, the Authorizing Agent shall be charged and agrees to pay to Funeral Home an additional fee listed on the General Price List of MMFH and designated as the fee, "Final disposition of cremated remains by MMFH," for the expense of an appropriate final disposition, at MMFH's convenience, as well as any legal fees and/or costs associated with securing payment.

LIMITATION OF LIABILITY

The obligations of Michigan Memorial Funeral Home, Inc. and Crematory, shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on the Authorization Form. No Warranties Express or Implied are Made and Damages Shall be Limited to the Amount of the Cremation Fee Paid.