



1617 Lewis Street Marquette Industrial Center Bay City, Michigan 48706

(989) 684-0262 FAX (989) 686-6493

GARY E. FOGELSONGER, Crematory Director

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

(PLEASE TYPE OR PRINT)

**CREMATION AND PROCESS AUTHORIZATION**

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

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

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

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 Sunset Valley Crematory. If not removed, the family shall be held responsible for any damage and/or injury resulting, and the crematory will not be responsible or accept any liability under those circumstances.

**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  METAL  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 SUNSET VALLEY CREMATORY 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 SUNSET VALLEY CREMATORY, 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 Sunset Valley Crematory. The Funeral Director has fully explained the INFORMATION, OPERATIONAL POLICIES, PROCEDURES OF SUNSET VALLEY CREMATORY and I (we) fully understand them. I (we) therefore authorize Sunset Valley Crematory 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 \_\_\_\_\_