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	
Cremation No.	

FAX (517) 423-2122 Tecumseh, MI FAX COMPLETED DOCUMENTS TO: FAX # 517-266-2750 J. Gilbert PURSE FUNERAL HOME ANNARBORCREMATION.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 ninety (90) days. ALL PACEMAKERS MUST BE REMOVED Pacemaker: YES□ NO □ 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 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): Cremains Returned: Date ______ Via _____

Received by: ______ Date _____