



MICHIGAN'S FINEST
SINCE 1971

J. GILBERT
PURSE FUNERAL HOME

ANNARBORCREMATION.COM

FUNERAL DIRECTORS
Barry Purse **Gary Purse**
George Stentzel
Gil Purse **Frank Lennox**
1939 - 2008 1911 - 2005

FAX COMPLETED DOCUMENTS TO: FAX # 517-266-2750

GENERAL RELEASE FORM

Date: _____

To Whom It May Concern:

Please release the decedent: _____

To: **ANN ARBOR CREMATION SOCIETY**
 J. GILBERT PURSE FUNERAL HOME
 210 W. Pottawatmie Tecumseh, MI 49286
 2959 N. Adrian Hwy Adrian, MI 49221
 ANNARBORCREMATION.COM

Signed: _____

Relationship: _____

Phone: _____

Adrian Chapel
2959 N. Adrian Hwy. (M-52)
Adrian, MI 49221
1-517-265-2300
Manager / Gary Purse

When Calling Long Distance,
Please use our 800 number
1-800-833-4551
FAX 1-517-266-2750

Tecumseh Chapel
210 W. Pottawatmie St.
Tecumseh, MI 49286
1-517-423-2121
Manager / Barry Purse

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 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.

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 **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 _____

