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

REG. # _____

CREMATION ASSOCIATION OF NORTH AMERICA CERTIFIED

Gary E. Fogelsonger, Donald Measel, Jeffrey K. Steffey, Brent R. Steffey, Nicholas J. Steffey (Thomas S. Zimmerman - Deceased)

(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**
- 1. FUNERAL DIRECTOR
 - 2. AUTHORIZED AGENT
 - PICK UP BY (within 10 days)
 - REGISTERED MAIL TO:
 - OTHER
 - BURIAL IN CEMETERY
 - RELEASED TO:

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

ALL BATTERY OPERATED DEVICES AND 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.

ALL UNEMBALMED BODIES Must be in light weight body bags, and minimum wood reinforced alternative containers.

- 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 _____

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NAME (Please Print)

RELATIONSHIP TO DECEASED

NAME (Please Print)

RELATIONSHIP TO DECEASED

SIGNATURE

SIGNATURE

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

I certify that the foregoing authority and certifications are just and true to the best of my knowledge. I have fully explained to the authorizing agent(s) the Information Operational Policies/Procedures of Sunset Valley Crematory.

FUNERAL HOME

FUNERAL DIRECTORS SIGNATURE

ADDRESS

LICENSE NO.

CITY

STATE

ZIP

DATE

CREMATORY USE: Metal Wood Cloth Insert Wood Base

RECEIVED REMAINS: DATE _____ TIME _____

TOTAL WEIGHT - BODY & CONTAINER # _____ \$ _____

CREMATION STARTED: DATE _____ TIME _____

DATE _____ CHECK NUMBER _____ \$ _____

CREMATION COMPLETED: DATE _____ TIME _____

USE OF COOLER AFTER 48 HOURS _____ \$ _____

TOTAL OWED \$ _____