

Cremation Authorization

CASE # _____

DATE: _____

The Undersigned hereby requests and authorizes Cook Family Services located at 4235 Prairie St. SW, Grandville, Michigan 49418, in accordance with and subject to their rules and regulations, to arrange the cremation of the remains of:

Name _____ Gender _____ Age _____
Last Permanent Address _____
Place of Death _____ Date & Time of Death _____
Cause of Death _____

Authority of Authorizing Agent

I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her _____, or that I otherwise serve (served) in the capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the State of Michigan, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent, but in the event there is another person who has equal rights to that, I have made all reasonable efforts to contact that person and have no reason to believe that the person would object to the cremation of the decedent.

Limitation of Liability

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Cook Family Services, its officers, agents and employees, 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 to properly identify the decedent or the human remains transmitted to Cook Family Services, the processing, shipping and final disposition of the decedent or the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Cook Family Services, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

Cook Family Services, in arranging the cremation, is relying on the accuracy of all the information and representations of the parties authorizing the cremation. Accordingly, the obligations of Cook Family Services shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized in this document. No warranties express or implied are made and damages shall be limited to the amount of the cremation fee paid.

The Cremation Process

All cremations are performed individually. Exceptions may be made in the case of close relatives, and then only with the prior written instructions of the Authorizing Agent(s).

Immediately prior to being placed in the cremation chamber, an identification tag inscribed with a number shall be placed at the cremation chamber, where it shall remain in place until the cremation process is complete.

Cremation is performed by placing the decedent in a casket or other container and then placing the casket or container into a cremation chamber or retort, where it is subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the decedent 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, except human bone fragments (calcium compounds) and some metals (including dental gold and silver and other nonhuman 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 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 the Crematory. Burials of materials not destroyed will occur when the Crematory deems it necessary and at their discretion. Our policy is to remove all personal possessions and valuable materials, when practical, prior to cremation. The casket or container will always be opened and a licensed funeral director will examine the decedent to ensure that all requirements are met regarding personal possessions.

I have been advised that no Michigan crematory shall cremate human remains when it has actual knowledge that the human remains contain a pacemaker, have been subjected to nuclear therapy, or have any other implants or materials which will present a health hazard to those performing the cremation and pulverizing and processing of the cremated remains. I further represent that these human remains do not contain any materials or implants that may be potentially hazardous to equipment or persons performing the cremation.

Following a cooling period, the cremated remains, which will normally weigh six to eight pounds in the case of an average size adult, are then swept or raked from the cremation chamber. The Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid co-mingling, inadvertent or incidental co-mingling of minute particles of cremated remains from the residue of a previous cremation 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 or magnetic selection and will be disposed of by the 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, after the bone fragments have been separated from the materials, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental co-mingling of the remains with the residue from the processing of previously cremated remains. These granulated particles will be virtually unrecognizable as human remains.

A listing of all items of value and instructions for disposition of same: _____

Final Disposition

After the cremation has taken place, the cremated remains have been processed and placed in the designated receptacle, the Crematory will arrange for the disposition of the cremated remains. The Authorizing Agent(s) hereby authorize the Crematory to release, deliver, transport, or ship the cremated remains specified below.

If final disposition of the cremated remains has not been completed within sixty (60) days of the cremation, then the Crematory shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law.

Please specify manner of disposition of cremated remains and name of person or entity to whom the cremated remains are to be released.

_____ Cemetery _____ Private Party _____ U.S. Mail _____ Funeral Home

Name _____
Address _____
City _____ State _____ Zip _____

If the Undersigned hereby authorized the Crematory to deliver the cremated remains by U.S. Mail, the Authorizing Agent(s) will assume all liability for any damage that may arise from any cause growing out of said delivery and to indemnify and hold the Crematory harmless from any and all claims related to shipment. If cremated remains are to be shipped, they are to be sent only by a method that has an internal tracing system available and that provides a receipt signed by the person accepting the delivery.

The Undersigned certifies and represents that he and/or she has the right to make such authorization and agrees to hold the Crematory and Cook Family Services harmless from any liability, costs, expenses, or claims resulting from this authorization and cremation.

In the event the cremains do not all fit in the container, the Undersigned has chosen the balance of the cremains to be placed in a separate container and directs the crematory to (initial one):

_____ Return the balance of the cremains to the Undersigned

_____ Place the balance of the cremains in a common interment site. The Undersigned hereby confirms that they understand the cremated remains will be commingled with those of other persons and will not be retrievable.

Identification

The Authorizing Person or their designee certifies to the Crematory as follows:

_____ The Representative has viewed the remains and positively identified them as the body of the decedent.

_____ The Representative elects not to identify the remains and authorizes Cook Family Services to arrange for the cremation of the body of the decedent by the Crematory without positive identification.

Signature of Authorizing Agent(s)

By executing the Cremation Authorization form, as Authorizing Agent(s), that all representations and statements contained on this form are true and correct, that these statements were made to authorize Cook Family Services to have the human remains of the decedent cremated, and that the undersigned have read and understand the provisions contained on this form.

I (We) have read the information contained in this document and hereby authorize Cook Family Services to arrange for the cremation of the decedent in accordance with the document.

If the legal next of kin or if all persons by the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to and considered part of this form.

Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____

