



**Cremation Authorization Form
Phoenix Crematory Services, LLC**

No cremation may take place without written authorization (including overnight letters, telegrams, or facsimile transmissions) from the Authorized Representative(s) of the deceased. Generally, the closest next-of-kin is the surviving person or persons listed as follows in the following order: (1) Spouse; (2) Children; (3) Grandchildren and thereafter the issue thereof; (4) Parents; (5) Brothers; (6) Sisters; (7) Grand-nephews and grand-nieces and thereafter the issue thereof; (8) Grandparents; (9) Uncles and Aunts; (10) First cousins and thereafter the issue thereof. All persons within the same degree of kinship must sign or authorize cremation and disposal of cremated remains in writing or by overnight letter, telegram or facsimile transmission if they are the closest living next-of-kin.

The undersigned (hereinafter referred to as the "Authorized Representatives") certify that they are the closest living legal next-of-kin of _____, deceased, who was born on ___/___/___, and died on ___/___/___ having full legal authority to authorize and direct the cremation, processing and disposition of the cremated remains of the deceased authorize and direct the below named funeral provider to take possession of and make arrangements for the cremation, processing and disposition of the remains of the deceased.

Funeral Provider Name: _____

Funeral Provider Address: _____

_____ Telephone Number: _____

If deemed necessary, we authorize the removal of and disposal of any surgical implants that are identified.

Pacemaker Y / N; surgical implants, head, Y / N; Neck Y / N; Back Y / N; Hip Y / N; right / left legs Y / N; right / left knee Y / N; right / left shoulder; Y / N; right / left arm; right / left hand Y / N; other, please specify: _____

DISPOSITION OF CREMATED REMAINS:

The Authorized Representatives hereby authorize and direct the crematory to deliver the cremated remains of the deceased to the above funeral provider upon completion of the cremation.

The Authorized Representatives will pick up the cremated remains within (30) calendar days of execution of this document from the above named funeral provider. If the Authorized Representatives fail to pick up the cremated remains within (30) calendar days of execution of this document, the funeral provider has the right to dispose of the cremated remains in any manner they deem suitable. _____

(All Authorized Representative(s) or their designees must initial).

DESCRIPTION:

Cremated remains consist primarily of bone fragments, which are reduced to permit their placement in an urn or other suitable container. Phoenix Crematory Services, L.L.C. will place the cremated remains in a container which is intended for short term storage.

DISCLAIMER:

The Undersigned agree to release and hold harmless the above funeral provider, its affiliates and their agents, and employees, from any and all loss, damages, liabilities, claims for relief or causes of action including but not limited to, costs, expenses, and attorney fees, in connection with the cremation and disposition of the cremated remains as authorized and directed herein.

SIGNATURE(S) OF AUTHORIZED REPRESENTATIVE(S) FOR CREMATION DISPOSITION

Name (Print) _____ Signature _____
Address _____ Relationship _____

Name (Print) _____ Signature _____
Address _____ Relationship _____

Name (Print) _____ Signature _____
Address _____ Relationship _____

Signature of the funeral provider's authorized representative: _____

525 W. Hume Street, Muskegon, MI 49444 Brett C. Wright, Owner/Manager