

1-800-922-1415 - Toll Free
1-989-366-4565 - Fax
1-989-345-0115 - Funeral Home Fax

Autumn Valley Crematory

Chris Wright, Crematory Director

2150 Ann Arbor Dr.
Prudenville, MI 48651

Tag # _____

Cremation Date _____

AUTHORIZATION & DIRECTION FOR CREMATION AND DISPOSITION OF CREMATED REMAINS

The undersigned (hereinafter referred to as the "Authorized Representative(s)" hereby certify that they are the closest living legal next-of-kin of the herein named deceased, having full legal authority to authorize and direct the cremation, processing and disposition of the cremated remains of the deceased, authorize and direct the **Steuernol & McLaren Funeral Homes, Inc.** to take possession of and make arrangements for the cremation, processing and disposition of the remains of the deceased.

NAME OF DECEASED		AGE	SEX	
ADDRESS	CITY	STATE	DATE OF DEATH	PLACE OF DEATH
CAUSE OF DEATH		ATTENDING PHYSICIAN		

PRACTICES FOR CREMATION AND DISPOSITION

Cremation is performed by placing an individual cremation container or prepared casket within the cremation chamber where the temperature is raised to approximately 1,800 degrees Fahrenheit. Upon the completion of the calcine cycle, all substances are consumed or driven off, except bone fragments and other artificial materials. Due to the high heat of the cremation process, materials such as dental gold, silver, etc., are not separate or recoverable. The cremated remains are then taken from the chamber. Any large visible non-bone materials will then be separated from the remains and will be disposed of by the Company. The cremated remains are then mechanically pulverized. In the case of an infant, there will be few, if any, remains. Once processed, the remains are then encased in a temporary container which is designed for short-term use and is not recommended for shipment or burial.

DISCLOSURE AND PERMISSIONS (initial each)

- _____ I have read and understand Autumn Valley Crematory practices for cremation and disposition.
- _____ I have informed the Funeral Director of, and authorized them to remove, a pacemaker or any other implanted mechanical radioactive device that could be explosive and/or cause damage or injury to the crematory or its personnel.
- _____ The deceased did / did not have an infectious or contagious disease. If so, identify the disease _____

Casket Selected Alternative Container Other _____ Urn Selected Temporary Container Other _____

Jewelry / Personal Effects No Jewelry Removed Cremate with Body, Describe _____
If removed, Describe _____

4 _____ I/WE HAVE POSITIVELY IDENTIFIED THE REMAINS OF _____ DATE /TIME OF VIEWING _____ / _____

If no viewing write "NONE" and have family initial.

The Undersigned agree to release and hold harmless Steuernol & McLaren Funeral Homes, Inc. 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.

DISPOSITION OF CREMAINS BY CREMATORY

It is requested that the following disposition be made of the remains:

- | | | | | |
|---------------------|---------------------|-----------------------------|-------------|-----------|
| Registered Mail | | Pick Up By (within 10 Days) | | |
| 1. Funeral Director | 2. Authorized Agent | 3. Other | 4. Cemetery | 5. Family |

Name _____

Address _____ City _____ State _____ Zip _____

DISPOSITION OF CREMAINS BY FUNERAL HOME

RELEASE to the person listed here: _____

DELIVER to the person listed here: _____

MAIL to the person/ address listed here: _____

OTHER: _____

I CERTIFY THAT THE FORGOING AUTHORITY AND CERTIFICATE ARE JUST AND TRUE TO THE BEST OF MY KNOWLEDGE.

Steuernol & McLaren Funeral Homes, Inc.
109 E. Houghton Ave.
West Branch, MI 48661



Funeral Directors Signature

License #

Date

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

Name _____	Name _____
Address _____	Address _____
Relationship _____	Relationship _____
Signature _____	Signature _____
Witness _____	Witness _____

THIS FORM MUST BE ACCOMPANIED BY A PHOTO ID AND WITNESSED IF NOT SIGNED IN FRONT OF OUR FUNERAL DIRECTOR

CREMATORY USE

RECEIVED REMAINS	DATE _____	TIME _____	CHECK# _____
CREMATION COMPLETED	DATE _____	TIME _____	AMT PAID _____
DISPOSITION OF CREMAINS	DATE _____	TIME _____	HOW DISPOSED _____