

1-800-922-1415
 FAX (989) 366-4565
 Res. (989) 366-8657



2063 Norway Lane
 Prudenville, MI 48651

REG. # _____

JAMES W. STENDER, Crematory Director

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 implant 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 _____

The Undersigned agree to release and hold harmless the Funeral Home, 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

REGISTERED MAIL TO OR PICK UP BY (within 10 days)

1. FUNERAL DIRECTOR 2. AUTHORIZED AGENT 3. OTHER 4. CEMETERY 5. FAMILY

NAME _____

ADDRESS	CITY	STATE	ZIP
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I CERTIFY THAT THE FOREGOING 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 #

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

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

CREMATORY USE

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