Winnipeg's Friendliest Undertaker™
Richard Rosin
FUNERAL DIRECTOR LTD

285 Kingsford Avenue
Winnipeg, Manitoba
Canada R2G 0J4

# CREMATION AUTHORIZATION

Cremation Number _____

Date of Cremation _____

Name of Deceased_____

Deceased Address_____

Date of Death_____ Age _____ Place of Death_____

I, the undersigned next of kin or legal representative, hereby certify that I have the right to authorize the cremation of the above named deceased.
I accept responsibility for this authorization, and release Richard Rosin Funeral Director Ltd. and the cremation provider of any liability on account of said authorization, cremation and subsequent disposition.
I, the undersigned, understand that any implanted devices can dangerously explode when placed in a cremation chamber and therefore certify that the deceased:

**YES** _____ has a heart pacemaker - or - **NO** _____ does not have a pacemaker.
**YES** _____ has a heart defibrillator - or - **NO** _____ does not have a heart defibrillator.
**YES** _____ has radioactive isotopes - or - **NO** _____ does not have radioactive isotopes.

_____The undersigned will identify the deceased, that will take place on _____ , _____ , 20_____ at _____ a.m. / p.m.

_____The undersigned does **NOT** wish to identify the deceased and by their signature hereby releases Richard Rosin Funeral Director Ltd. and the cremation provider from any liability concerning this cremation

_____The undersigned has been advised by the staff of Richard Rosin Funeral Director Ltd., **NOT** to view or identify the deceased because of the conditions and / or circumstances of the death.

_____The undersigned acknowledges that **NO JEWELRY** will be cremated with the deceased; if jewelry instructions are for items to remain with the deceased, they will be removed and sealed within the selected urn or cremated remains container. Non-perishable items will also **NOT** be cremated, such as plastics, glass, ceramics or metals. Your Funeral Director will advise if items can be cremated.

Name _____ Relationship_____

Address _____ Phone_____

Authorization Signature _____ Date_____

Funeral Director Signature _____ Date _____

Pacemaker removed by: _____ Identification Complete: _____

Cremated Remains returned by: _____ Certificate of Death completed: Yes _____ No _____

Purchased / Renting _____ Cremation Casket _____ Urn _____