

AUTHORIZATION FOR CREMATION AND DISPOSITION

I/We, the undersigned, under the penalty of perjury certify, warrant, and represent, that I/we have the full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation, processing, and disposition of the human remains of: _____ (herein after referred to as the deceased).

Date of Death: _____ County of Death: _____ Sex: _____ Male _____ Female Race _____ Approx. Weight: _____

I/we hereby request and authorize Christiansen's Michigan Cremation & Funeral Care, P.L.L.C., also doing business as Michigan Cremation & Funeral Care, and its' owners, employees, associates, and/or agents (herein after referred to as "cremation provider"), to take possession of and make arrangements for the cremation of the remains of the deceased at West Michigan Crematory or _____ (hereinafter referred to as "crematory"). I/We have identified the human remains that are in the temporary care and custody of the cremation provider and/or its' agents, employees, or affiliates, or have been provided the opportunity to make such identification and declined to do so and have provided alternative methods to confirm the identity of the deceased, and hereby authorize the cremation provider to transfer temporary care and custody of said deceased to the crematory for purpose of cremation. Further, I/we hereby agree to indemnify, defend, and hold harmless both the cremation provider and the crematory, its' officers, agents, and employees of and from any and all claims, demands, causes, or causes of action, and suits of every kind, nature, and description, in law or equity, including legal fees, costs, and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the authorizing agent to properly identify the human remains transported to the crematory. The cremation provider has fully explained the operational policies and procedures of the crematory and I/we full understand them. I/we further consent to the capture and/or recording of the deceased's fingerprint as part of the cremation providers verification of identity of the deceased. Any questions I/we may have about the cremation procedure have been fully explained and answered by the cremation provider to my/our satisfaction. I/We are fully aware that cremation is a final, irreversible act in which the body of the deceased is reduced to its' basic skeletal form by the application of intense heat and flame. Further, I/we are aware that the resulting skeletal fragments are then mechanically processed to reduce them to a uniform unidentifiable consistency. I/We understand and acknowledge that even with the exercise of reasonable care and the crematory's best efforts, it is not possible to recover all particles of the cremated remains of the deceased, and that some particles will become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the crematory to dispose of any such residual particles in any lawful manner it deems appropriate, including recycling.

PRACTICES FOR CREMATION AND DISPOSITION: Cremation is performed by placing an individual cremation container or casket within the cremation chamber where the temperature is raised to approximately 1,800 degrees Fahrenheit. Upon 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. After the cremated remains are removed from the cremation chamber, all non-combustible materials such as metallic orthopedic and dental implants, surgical pins, screws, casket hardware, etc. will be separated and removed from the bone fragments by visible or magnetic selection. The crematory is authorized to recycle these metals. The cremated remains are then mechanically pulverized. In the case of a stillborn child or newborn infant, there will be few, if any, cremated remains. Once processed, the remains are then encased in a temporary container.

Furthermore, the undersigned, as authorizing agent(s), states that he/she/they **[CHECK OR INITIAL ANY AND ALL THAT MAY APPLY]** :

_____ has the superior right to authorize this cremation and knows of no other person or persons with a superior and/or an equal right to authorize the final disposition of the human remains of the deceased

_____ is aware of another person(s) with a superior and/or equal right to authorize final disposition of the human remains of the deceased and said person(s) comprising a simple majority of those sharing said right have also signed below or on a separate document

_____ is aware of another person or persons with a superior or equal right to authorize final disposition of the human remains of the deceased and have made reasonable efforts to contact said person(s) and they have either been unable to be located or have declined or failed to assert their authority

_____ is the person designated by the deceased prior to death, and/or is the executor or administrator of the estate of the deceased, and/or is the special personal representative of the estate of the deceased acting under authority of the probate court, and/or is the court-appointed guardian or county medical examiner acting under their authority as provided under the State of Michigan Estates and Protected Individuals Code Act 386 of 1998 (as revised).

The cremation, processing, and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the crematory and the funeral home, and the following terms and conditions:

- The remains of the deceased will not be accepted for cremation unless received by the crematory in a rigid, combustible, leak resistant cremation container or casket. The crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container or casket prior to cremation. I/we further authorize the crematory or cremation provider to make disposition of any such noncombustible items in any lawful manner it deems appropriate.
- **All battery powered implanted devices must be removed!** *Does the body of the above named deceased contain a pacemaker or other implanted mechanical device (any device with a battery or internal power source such as a cardiac defibrillator, stimulator, pain pump, etc.)?* _____ **No** _____ **Yes** _____ Mechanical or radioactive devices implanted in the remains of the deceased (such as pacemakers, defibrillators, pumps with a battery and/or power source, etc.) create a hazard when placed in the cremation chamber. In the event the remains of the deceased contain such a device, I/we hereby authorize the cremation provider, its agents and employees, to remove any such mechanical devices from the remains of the deceased prior to cremation and dispose of such items at its' discretion. I/we agree that a fee may be charged for removal and disposition of said devices.
- The cremation container or casket containing the remains of the deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation. The cremation container I/we have selected is an alternative container (as defined by the Federal Trade Commission) and may be made of unfinished wood, cardboard, or cloth-fabric. If a container that exceeds the minimum requirement of the crematory has been purchased, it is described here: _____
- Certain items, including but not limited to, body prostheses, dentures, dental bridgework and fillings, jewelry, and other personal articles accompanying the remains of the deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the deceased and disposed of by the crematory: *(CHECK OR INITIAL ONE)* **JEWELRY:** _____ The body contains no jewelry _____ Removed _____ Cremated with body (the cremation provider advises against this practice)
- Following the cremation procedure, the cremated remains will be released from the crematory to the cremation provider for final disposition. If the cremated remains are not recovered from the cremation provider within thirty (30) days of the date of cremation, the cremation provider reserves the right to dispose of the cremated remains in any lawful manner of its' choosing, including recycling.
- **Unless designated herein, the cremated remains of the deceased will only be released to an authorizing agent who has also signed below.**

If the cremated remains of the deceased are to be released to someone other than an authorizing agent, please indicate that individual or individuals here:

SIGNATURE(S) OF AUTHORIZING AGENT(S) FOR CREMATION AND DISPOSITION:

X
SIGNATURE

NAME (PLEASE PRINT) RELATIONSHIP

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE E-MAIL ADDRESS

X
SIGNATURE

NAME (PLEASE PRINT) RELATIONSHIP

STREET ADDRESS

CITY STATE ZIP CODE

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CITY STATE ZIP CODE

TELEPHONE E-MAIL ADDRESS

MICHIGAN MORTUARY SCIENCE LICENSEE AND/OR CREMATION ARRANGER

_____ Brent R. Kehr _____ Meghan Kehr _____ Vadie S. Jewell

_____ Robert Christiansen _____ Joni R. Christiansen

DATE

FAXED AUTHORIZATIONS SHOULD EITHER (A) BE WITNESSED BY A NATORY PUBLIC OR (B) INCLUDE A PHOTOCOPY OF ATLEAST TWO PIECES OF VALID IDENTIFICATION (WITH ONE CONTAINING A PHOTO).

Grand Rapids Facsimile: **616-452-3166** E-Mail: **info@michigancremation.com** Greenville Facsimile: **616-754-0900**