

Authorization to Remove Pacemaker.

The party or parties by virtue of their signing below acknowledge that they have been informed of the need for pacemaker removal for the purposes of cremation. This party or parties is/are also identifying themselves(s) as either next of kin or authorized agents, thereof, and thus able to authorize cremation and the necessary pacemaker removal prior to cremation.

By signing below the aforementioned party or parties are authorizing the removal of a pacemaker from the decedent, _____; prior to his authorized cremation.

Signature Authorizing Removal: _____

Date: _____

Signature Authorizing Removal: _____

Date: _____

Signature of Funeral Director: _____

Date: _____