



1617 Lewis Street Marquette Industrial Center Bay City, Michigan 48706

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REG. # _____

CREMATION ASSOCIATION OF NORTH AMERICA CERTIFIED

Gary E. Fogelsonger, Donald Measel, Jeffrey K. Steffey, Brent R. Steffey, Nicholas J. Steffey (Thomas S. Zimmerman - Deceased)

(PLEASE TYPE OR PRINT)

CREMATION AND PROCESS AUTHORIZATION

CREMATION DATE _____

NAME OF DECEASED _____

AGE _____ SEX _____

ADDRESS _____

CITY _____

STATE _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

ATTENDING PHYSICIAN _____

DISPOSITION OF CREMAINS

- ☐ 1. FUNERAL DIRECTOR
☐ 2. AUTHORIZED AGENT

- ☐ PICK UP BY (within 10 days)
☐ REGISTERED MAIL TO:
☐ OTHER

- ☐ BURIAL IN CEMETERY
☐ RELEASED TO:

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

**ALL BATTERY OPERATED DEVICES AND
ALL PACEMAKERS MUST BE REMOVED**

NOTICE: Some heart Pacemakers, radiation producing implants, and other life sustaining devices can be dangerous when placed in a cremation chamber. All such devices must be removed before cremation in Sunset Valley Crematory. If not removed, the family shall be held responsible for any damage and/or injury resulting, and the crematory will not be responsible or accept any liability under those circumstances.

ALL UNEMBALMED BODIES

Must be in light weight body bags, and minimum wood reinforced alternative containers.

JEWELRY: ☐ BODY CONTAINS NO JEWELRY ☐ REMOVED BY FUNERAL DIRECTOR ☐ CREMATED WITH BODY
CASKET TYPE: ☐ WOOD ☐ CARDBOARD ☐ METAL ☐ ALTERNATIVE CONTAINER

I (WE) HAVE IDENTIFIED THE HUMAN REMAINS THAT WERE DELIVERED TO THE FUNERAL HOME AS THE DECEDENT, AND HAVE AUTHORIZED THE FUNERAL HOME TO DELIVER THE DECEDENT TO SUNSET VALLEY CREMATORY FOR CREMATION.

Are viewing or services to be held PRIOR to Cremation: Yes ☐ No ☐

I (we) hereby certify that I (we) have full authority to arrange for the Cremation, Processing, and Disposition of the cremated remains of the named decedent. I (we) hereby agree to indemnify, defend and hold harmless SUNSET VALLEY 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 any 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 Sunset Valley Crematory. The Funeral Director has fully explained the INFORMATION, OPERATIONAL POLICIES, PROCEDURES OF SUNSET VALLEY CREMATORY and I (we) fully understand them. I (we) therefore authorize Sunset Valley Crematory to proceed with the cremation.

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

NAME (Please Print) _____

RELATIONSHIP TO DECEASED _____

SIGNATURE _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

NAME (Please Print) _____

RELATIONSHIP TO DECEASED _____

SIGNATURE _____

ADDRESS _____

CITY _____

STATE _____

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