



# Serenity Cremation Services, Inc.

12613 Universal Drive • Taylor • MI • 48180 • ph (734)946-5222 • fax (734)946-5224 • www.serenitycremation.net

REG. #: \_\_\_\_\_  
CREMATION DATE: \_\_\_\_\_

(PLEASE TYPE OR PRINT)

## CREMATION AND PROCESS AUTHORIZATION

NAME OF DECEASED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

### DISPOSITION OF CREMATION

REGISTERED MAIL TO  DELIVERED TO  
 1. FUNERAL DIRECTOR  2. AUTHORIZED AGENT

NAME: \_\_\_\_\_

**DUZAK FUNERAL & CREMATION CENTER, Inc.**

NAME OF FUNERAL HOME  
16600 W. Warren-Detroit, Michigan 48228

ADDRESS OF FUNERAL HOME

### 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 at Serenity Cremation Services, Inc. if not removed, the Funeral Home 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. Pacemaker removal service upon request.

PACE MAKER:  NO  YES  
RADIOACTIVE DEVICES:  NO  YES, TYPE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

JEWELRY:  NO  YES  REMOVED BY FUNERAL DIRECTOR  CREMATED WITH BODY  
CASKET TYPE:  WOOD  STEEL  CARDBOARD  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 SERENITY CREMATION SERVICES, INC. FOR CREMATION.

I (we) hereby certify that I (we) have full authority to arrange for Cremation, Processing, and Disposition of the cremated remains of the named decedent. I (we) hereby agree to indemnify, defend and hold harmless SERENITY CREMATION SERVICES, INC., its officers, agents and employees of and from any and all claims, demands, 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 SERENITY CREMATION SERVICES, INC. The Funeral Director has fully explained the INFORMATION, OPERATIONAL POLICIES, PROCEDURES OF SERENITY CREMATION SERVICES, INC. and I (we) fully understand them. I (we) therefore authorize SERENITY CREMATION SERVICES, INC. to proceed with the cremation.

### SIGNATURE(S) OF AUTHORIZED REPRESENTATIVE(S) FOR CREMATION:

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I certify that the following authority and certifications are just and true to the best of my knowledge. I have fully explained to the authorizing agent(s) the Information Operational Policies/Procedures of SERENITY CREMATION SERVICES, INC.

FUNERAL HOME \_\_\_\_\_ FUNERAL DIRECTORS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
SPECIAL INSTRUCTIONS OR HAZARDOUS WARNINGS: \_\_\_\_\_

SERENITY CREMATION SERVICES, INC. – OFFICE USE ONLY			
RECEIVED REMAINS:	DATE:	TIME:	AMOUNT PAID:
CREMATION COMPLETED:	DATE:	TIME:	DATE RECEIVED:
DISPOSITION OF CREMAINS:	DATE:	TIME:	CHECK NUMBER: