

Number _____

Sunset Hills Association

G-4413 Flushing Road
Flint, Michigan 48504
(810)732-0260

AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMATED REMAINS

I hereby authorize and request Sunset Hills Association, in accordance with and subject to its rules and regulations, to cremate the human remains of: _____
who died on _____.

I certify and represent that I have the right to authorize cremation and that the consent of no other person is necessary for this order, and I agree to hold said association harmless for any liability on account of said authorization and cremation.

I further state that the deceased has not had a **heart pacemaker, radiation producing device** nor any other life sustaining device implanted that could be explosive. If such device exists, I have instructed the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such device, I will be liable for any damages to the crematorium or injury to its personnel.

I hereby instruct Sunset Hills Association to dispose of the cremated remains of the above deceased as follows:

- ☐ Return to the funeral director at the office of Sunset Hills Association.
- ☐ Return to the family at the office of Sunset Hills Association

Signature _____ Date _____

Relationship to deceased _____ Phone _____

Address _____

Funeral Home Name
Address
City, State, Zip
Phone #

THIS AUTHORIZATION, FULLY SIGNED AND COMPLETED MUST ACCOMPANY THE BODY OF THE DECEASED AND BE DELIVERED TO SUNSET HILLS ASSOCIATION TOGETHER WITH A BOARD OF HEALTH PERMIT, SIGNED BY THE MEDICAL EXAMINER OF THE COUNTY IN WHICH THE THE DEATH OCCURRED, APPROVING THE BODY OF SAID DECEASED TO BE CREMATED.