

Fisher Funeral Home
24501 5 Mile Rd. Redford Township, MI 48239
Phone: (313)535-3030 Fax: (313)535-6646 Email: information@fisherfuneral.net

Authorization for Cremation

The undersigned hereby certify that they are the closest living legal next of kin of the named deceased, having full legal authority to authorize and direct the cremation, processing and disposition of the cremated remains of the deceased authorize and direct **Fisher Funeral Home** to take possession of and make arrangements for the cremation, processing and disposition of the remains of the deceased,

The undersigned agree to release and hold harmless the Funeral Home and its affiliates, their chosen crematory, its affiliates and their agents and employees from any and all loss, damages, liabilities, claims for relief of causes of action.

No cremation may take place without authorization (including original signature, by facsimile transmission or email signature) from the Authorized Representative(s) of the deceased. The Authorized Representative is, in the following order: 1) spouse 2) children 3) grandchildren 4) parent, 5) brothers and sisters 6) nephews and nieces, 7) grand-nephews and grand-nieces 8) grandparents 9) uncles and aunts 10) cousins. All persons within the same degree of kinship must sign or authorize the cremation in writing by original signature, facsimile or email signature if they are the next closest living next of kin.

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

Signature _____ Printed Name _____

Address _____

Phone _____ Relationship _____

Signature _____ Printed Name _____

Address _____

Phone _____ Relationship _____

Signature _____ Printed Name _____

Address _____

Phone _____ Relationship _____

Signature _____ Printed Name _____

Address _____

Phone _____ Relationship _____

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS HAVE BEEN REMOVED.

_____ Please deliver to: _____

Funeral Home Rep.

Cremated remains received on this date _____ by _____

Relationship to deceased _____