

WOULD YOU LIKE TO WITNESS THE
CREMATION AT THE CREMATORY FOR
\$100.00

YES OR NO

FAMILY IDENTIFICATION PERIOD \$150.00

DECEASED IS PLACED IN A CHAPEL ROOM AT THE FUNERAL
HOME FOR 20-MINUTE PERIOD. THIS ALLOWS IMMEDIATE
FAMILY AN OPPORTUNITY TO VIEW BEFORE DIRECT
CREMATION.

FISHER FUNERAL HOME & CREMATION SERVICES

24501 Five Mile Road, Redford Twp., Michigan 48239

Michael J. Fisher, Owner & Manager

Phone 313-535-3030 Fax 313-535-6646

www.fisherfuneralhome.net

Authorization for Cremation

Date: _____ Name: _____ Case # _____

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 named 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, and 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.

___ Please dispose of the cremated remains

___ I/We authorize _____ to pick up the said cremated remains/phone number _____

___ Ship to: _____ for \$150.00

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

Signature _____ Printed Name _____

Address & City/State _____

Phone _____ Relationship _____

WITNESS

Signature _____ Printed Name _____

Address & City/State _____

Phone _____ Relationship _____

WITNESS

Signature _____ Printed Name _____

Address & City/State _____

Phone _____ Relationship _____

WITNESS

Signature _____ Printed Name _____

Address & City/State _____

Phone _____ Relationship _____

WITNESS

Cremated remains received on this date _____ by _____

Relationship to deceased _____

Fisher Funeral Home Representative _____