



Authorization for Cremation

(Return completed form to Info@GramerFuneralHome.com or fax 248-435-9009)

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

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.

This person does _____ does not _____ have a medically implanted device.

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

Signature _____
Printed Name _____
Address _____
Phone _____ Relationship _____
Email _____

Signature _____
Printed Name _____
Address _____
Phone _____ Relationship _____
Email _____

Signature _____
Printed Name _____
Address _____
Phone _____ Relationship _____
Email _____

Signature _____
Printed Name _____
Address _____
Phone _____ Relationship _____
Email _____

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS HAVE BEEN REMOVED.
(Additional fees may apply if not)