

**SUPERIOR CREMATION SERVICES**

345 E. Mahoney • Merrill, MI 48637  
989-643-4200 or 1-866-343-4200  
Fax 989-643-4220

**AUTHORIZATION AND ORDER FOR CREMATION**

Subject to the rules and regulations of Superior Cremation Services, herein referred to as the Company, or its duly authorized agent, the Company is authorized to take possession of and directed to cremate the remains of:

Deceased Name \_\_\_\_\_ Date of Death \_\_\_\_\_

**PRACTICES FOR CREMATION AND DISPOSITION**

Cremation is performed by placing an individual cremation container or prepared casket within the cremation chamber where the temperature is raised to approximately 1,650 degrees Fahrenheit. Upon the completion of the calcine cycle, all substances are consumed or driven off, except bone fragments and other artificial materials. Due to the high heat of the cremation process, materials such as dental gold, silver, etc. are not separate or recoverable. The cremated remains are then taken from the chamber. Any large visible non-bone materials will then be separated from the remains and will be disposed of by the Company. The cremated remains are then mechanically pulverized. In the case of a stillborn, there will be few, if any, remains. Once processed, the remains are then encased in a temporary container.

**DISCLOSURE AND PERMISSIONS (initial each)**

1. \_\_\_\_\_ I have read and understand Superior Cremation Services practices for cremation and disposition.
2. \_\_\_\_\_ I have informed the Funeral Director of, and authorized them to remove, a pacemaker or any other implant that could be explosive and/or cause damage or injury to the Crematory or its personnel.
3. \_\_\_\_\_ The deceased did / did not have an infectious or contagious disease. If so, identify the disease \_\_\_\_\_
4. \_\_\_\_\_ I authorize the Funeral Director to remove the following jewelry \_\_\_\_\_ prior to cremation.
5. \_\_\_\_\_ Positive I.D. of the deceased has been made by (name/relationship) \_\_\_\_\_
6. \_\_\_\_\_ I have informed the Funeral Director of any radioactive isotopes (seeds).

The Company reserves the right to accept or reject a cremation container constructed of noncombustible materials. The Company is authorized to remove any portion of the cremation container and discard same which may cause damage to the cremation chamber. The Company is not responsible for the identification of the human remains accompanying this order for cremation, that being the responsibility of the next-of-kin and the Funeral Director.

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

No cremation may take place without written authorization from the authorized representative(s) of the deceased. I declare that the foregoing is true and correct and I give permission as the closest next-of-kin, or named personal representative, for Superior Cremation Services, to cremate the remains of said deceased.

\*Closest next-of-kin is the surviving person or persons listed below in the following order:

(1) Spouse (2) Children (3) Grandchild (4) Parents (5) Brother(s) or Sister(s) (6) Nephews and Nieces (7) Grand-nephews and Grand-nieces (8) Grandparents (9) Uncles and Aunts (10) First Cousins and thereafter. The majority of persons within the same degree of kinship must sign or authorize cremation.

Name _____	Name _____
Address _____	Address _____
Signature _____	Signature _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____	Address _____
Signature _____	Signature _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____	Address _____
Signature _____	Signature _____
Relationship _____	Relationship _____

**DISPOSITION OF CREMATED REMAINS**

I hereby authorize the transfer of said cremated remains as follows:

Urn or container \_\_\_\_\_ (type) to be supplied by Funeral Director \_\_\_\_\_ or Company \_\_\_\_\_

Initial \_\_\_\_\_ Release/deliver said remains to Funeral Home within 10 days.

Initial \_\_\_\_\_ I appoint the Company as my agent to make shipment of said remains via U.S. mail or scheduled air freight. I agree that the Company services have been fully completed when the remains leave the Company as instructed and that the Company is only acting as my agent for accommodation in carrying out these instructions.

Ship to: Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Via \_\_\_\_\_

The Funeral Home in charge is \_\_\_\_\_

The Funeral Director in charge is \_\_\_\_\_

Print Name \_\_\_\_\_ Signature of Director \_\_\_\_\_

Dated: \_\_\_\_\_ Cremation No. \_\_\_\_\_

White - Crematory Yellow - Funeral Home Pink - Family