

# Sunset Hills

ASSOCIATION

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

Number \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Office Use Only

## 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 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 a 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 a device, I will be liable for any damages to the crematorium or injury to its personnel. \_\_\_\_\_

Initial

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.

### RELEASE CREMATED REMAINS TO:

1 \_\_\_\_\_ OR  
2 \_\_\_\_\_ OR  
3 \_\_\_\_\_ OR  
4 \_\_\_\_\_ OR

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Person granting authorization

Printed Name \_\_\_\_\_

Relationship to deceased \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Funeral Director Street Cremation Society of Mid-Michigan City \_\_\_\_\_ State \_\_\_\_\_ Zip 989 892-1772 Phone (\_\_\_\_\_) \_\_\_\_\_

Address of Funeral Director 612 N. Monroe St Street Bay City City Michigan State 48708 Zip

I acknowledge that any pacemaker or radiation producing device has been removed from above deceased.  
I further acknowledge that the funeral home will be liable for any damages to the crematorium or injury to its personnel if said device is not removed. \_\_\_\_\_

Initial

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 DEATH OCCURRED, APPROVING BODY FOR CREMATION.