

**CSM Cremation Services**  
8219 Ronda Drive – Canton, Michigan – 48187

**AUTHORIZATION FOR CREMATION**

This signed cremation authorization must accompany the decedent's remains to the crematory together with the cremation permit approved by the county medical examiner. Pacemakers, other devices, and radioactive implants must be removed prior to delivery of the decedent to the crematory.

**The decedent \_\_\_does \_\_\_does not have a medically implanted devise.**

Any bridgework, prostheses or similar items remaining after the cremation, will be separated from the cremated remains and disposed of by the crematory.

If the death was caused by any infectious or contagious disease, the crematory must be notified prior to the delivery of the decedent.

**The decedent \_\_\_does \_\_\_does not have an infectious or contagious disease.**

The undersigned, hereby requests and authorizes CSM Cremation Services, subject to its rules and regulations, to cremate the remains of \_\_\_\_\_ who passed away at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and certifies and represents that he (she) (they) have the legal right to make such authorization and agrees to hold CSM Cremation Services harmless from any liability on account of said authorization.

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Return the cremated remains to \_\_\_\_\_ in B or G bag

Date of Cremation \_\_\_\_\_ Time of Cremation \_\_\_\_\_m

Identification Number \_\_\_\_\_ Signed X \_\_\_\_\_