

OAK HILL CEMETERY COMPANY

255 South Avenue
Battle Creek, Michigan 49014
269-964-7321 • Fax 269-964-7326

AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

Subject to your Rules and Regulations,
you are directed and authorized:

Cremation No. _____
Date: _____

To Cremate the Remains of _____
Residence _____

Date Deceased _____ Date of Birth: _____ Sex: M F

This Authorization is made by: _____ (Circle One)

- _____ 1. Surviving Spouse
- _____ 2. Surviving Child(ren)
- _____ 3. Surviving Parent
- _____ 4. Next of Kin (Identify) _____
- _____ 5. Person who has acquired right to control disposition of the remains (Specify) _____

Cremated Remains to be placed in:
_____ Urn provided by Funeral Home _____ Temporary container provided by Cemetery

Charges \$ _____ To be paid by _____
Funeral Director _____

The undersigned represents and certifies, under penalty of perjury, that he has the right on behalf of the family, heirs, devisees, and legal representatives of deceased and all persons claiming under them or under the deceased to authorize and direct the cremation, interment, and/or disposition of said remains and agrees to indemnify and hold Oak Hill Cemetery Company, its officers, agents, and employees, and the listed Funeral Director, harmless from all loss, expense, or damages it or they may suffer or incur by reason of acting upon this authorization and order. The undersigned further agrees to pay the stated charges which do not include delivery of the remains to the crematory. The undersigned has read and expressly agrees to all terms and conditions including those stated on the reverse side and understands that the acceptance of Oak Hill Cemetery and the listed Funeral Director of this cremation is in reliance on all the terms and conditions stated in this document.

Signature of Legal Authorized Representative _____ Address _____

Signature of Legal Authorized Representative _____ Address _____

Signature of Legal Authorized Representative _____ Address _____

Signature of Legal Authorized Representative _____ Address _____

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This _____ day of _____, 20____, I certify that I have received the cremains of _____ who was cremated on _____ 20_____.

Name of person signing for delivery to

Witness to signature

NOTICE: Oak Hill Cemetery and the listed Funeral Director have no control over the acts of any delivery agent. Accordingly upon delivery of the cremated remains to the designated delivery agent, Oak Hill Cemetery Company, its officers, trustees, employees, agents, and assigns shall have discharged any and all responsibility and liability of every kind and nature. Any and all risk of whatever kind and nature subsequent to that delivery to the designated delivery agent is specifically and expressly assumed by the authorized representative, the family, heirs, devisees and legal representatives of the deceased and all persons claiming under them or possessing any interest of whatever kind or nature in the remains.