

MILLENNIUM CREMATION CARE

121 Northern Terrace, Island Lake, IL 60042 • 1-855-758-8400 • www.millenniumcremationcare.com

CREMATION AUTHORIZATION

DATED: _____

THE UNDERSIGNED HEREBY REQUESTS MILLENNIUM CREMATION CARE AND IT'S AGENTS TO CREMATE THE BODY OF _____. I HEREBY CERTIFY THAT I HAVE CHARGE AND FULL AUTHORITY OVER THE BODY OF SAID DECEASED PERSON, AND THAT MY RELATIONSHIP IS THAT OF _____. I AGREE TO RELIEVE MILLENNIUM CREMATION CARE AND IT'S AGENTS OF ALL RESPONSIBILITY.

NOTICE

MILLENNIUM CREMATION CARE has been informed that a heart pacemaker can be dangerous when placed in a cremation retort. If the crematory does not receive proper notice, the person or persons authorizing the cremation shall be responsible for any damage resulting. **MILLENNIUM CREMATION CARE** and it's agents will not be responsible or accept any liability. I agree to defend, indemnify and hold harmless **MILLENNIUM CREMATION CARE** and it's agents from any damages, liabilities, costs or expenses which result from reliance on this notice.

PLEASE MAKE THE FOLLOWING DISPOSITION OF THE CREMAINS

1. Return to: _____
2. Ship them to: _____
3. Inter them over: _____
4. Scatter them over: _____
5. Other: _____

If shipment is authorized, the undersigned hereby authorizes **MILLENNIUM CREMATION CARE** to deliver the cremains via FedEx, U.P.S. or U.S. Mail and agrees to assume liability.

SIGNED: _____ RELATIONSHIP: _____

ADDRESS: _____

SIGNED: _____ RELATIONSHIP: _____

ADDRESS: _____

WITNESSED: _____ DATE: _____