



CHRISTIANSSEN'S



CREMATION & FUNERAL CARE

Robert Christiansen, Owner-Funeral Director

GRAND RAPIDS
3627 Linden Avenue S.E.
Grand Rapids, Michigan 49548
(616) 452-3006

GREENVILLE
511 S. Franklin Street
Greenville, Michigan 48838
(616) 754-5638

AUTHORIZATION FOR RELEASE OF REMAINS

1. PARTIES:

"FUNERAL PROVIDER": Michigan Cremation & Funeral Care Grand Rapids, Michigan **Christiansen's Michigan Cremation & Funeral Care** Greenville, Michigan

"DECEDENT": _____
(Name of Deceased)

"REPRESENTATIVE": _____
(Name of Representative)

"INSTITUTION": _____
(Name of Institution or Person Holding Remains)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL PROVIDER that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box).

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin (with written authorization of Next-of-Kin to act on his or her behalf).
- Other: _____

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL PROVIDER that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **RELEASE AUTHORIZATION:** The REPRESENTATIVE authorizes the INSTITUTION to release the remains of the DECEDENT to the FUNERAL PROVIDER and/or its agents, employees, and officers.

5. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL PROVIDER from any claims or causes of action arising or related in any respect to this authorization for removal or the FUNERAL PROVIDERS's reliance thereon.

SIGNATURE OF REPRESENTATIVE:

X _____

Printed Name: _____

ADDRESS: _____

DATE:

TELEPHONE:

Home _____

Work or Cellular _____