

Cremation Number: _____ Date of Cremation: _____

CREMATION AUTHORIZATION

VOYAGE FUNERAL HOME & CREMATORIUM

220 HESPELER AVE
668-3151

1577 PEMBINA HWY
284-7500

DECEASED NAME _____

LATE RESIDENCE _____

DATE OF DEATH _____ AGE _____

PLACE OF DEATH _____

PACEMAKER YES NO

PERSONAL BELONGINGS YES NO

As the next of kin or legal representative of the deceased, I have the legal right and take FULL responsibility to authorize the cremation and the disposition of the cremated remains. I understand if the deceased has a pacemaker it must and will be removed before cremation takes place. I further agree that the crematorium, funeral home, and funeral director named below, are free from any liability on the account of the said authorization, cremation, and disposition. The crematorium, funeral home, and funeral director are not responsible for jewelry or personal belongings left with the deceased at the time of death.

I, the undersigned, also certify that no identification or viewing will take place prior to authorization of cremation. Unless otherwise agreed upon.

- 1.) Traditional Service followed by cremation
- 2.) Viewing prior to Cremation
- 3.) Other _____

The funeral home representative will identify the deceased according to the exact information given directly from the hospital and their procedures.

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER _____

AUTHORIZATION SIGNATURE _____ DATE _____

VOYAGE FUNERAL HOME & CREMATORIUM

FUNERAL DIRECTOR'S SIGNATURE _____ DATE _____