

Signature of Authorizing Agent(s)

By executing the Cremation Authorization form, as Authorizing Agent(s) all representations and statements contained on this form are true and correct, that these statements were made to authorize Crown Cremation Center to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained in this form. And that we have positively identified the human remains that were delivered to the funeral establishment as the decedent, and we have authorized the funeral establishment to deliver the Decedent's human remains to the Crematory establishment for cremation.

I (We) have read the information contained in this document and hereby authorize Crown Cremation Center to perform the cremation of the decedent in accordance with this document.

If the legal next of kin or all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____
Signature: _____

Name: _____
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City: _____ State: _____ Zip: _____
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City: _____ State: _____ Zip: _____
Relationship: _____
Signature: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____
Signature: _____

Signature of Licensed Funeral Director

Printed Name of Funeral Director and Funeral Director's License Number

Name of Funeral Home / Mortuary

Address of Funeral Home Establishment