THE DONOHUE FUNERAL HOMES,INC

Serving The Dignity of Life

Date:_____

I direct and give authorization for you to cremate, according to your rules and regulations, the body of my:

_____ _____

Relationship Name of Deceased

_____ _____ _____ _____ _____

Date of Death Male Female Race Age

_____ _____ _____ _____

Place of Death Township County State

My relationship to the deceased, my mature age and my sole responsibility gives me the right to authorize this cremation. I further agree to indemnify and keep harmless The Donohue Funeral Home, Inc. from all liability of claim for whatever it may do by virtue hereof. I further direct that after a reasonable time after cremation to have the cremated remains:

Picked up by:_____

Shipped to: _____

Authorized By: _____

Address:_____

Funeral Home: _____

Firm Representative: _____

Address:_____

This signed authorization and cremation permit must be in our possession prior to cremation.
Objects of value have been removed prior to delivery to crematory. All caskets and contents are cremated.
Removal of heart pacers is not necessary. Cremated remains are returned in a uniform crushed state with artificial implantations and extraneous material removed to the best of our ability. Cremated remains are returned in a temporary container. Purchase of a more permanent memorial is recommended.