

May 7, 2009

The undersigned (hereinafter referred to as the *Authorized Representative(s)*) hereby certify that they are the closest living legal next of kin of the herein named deceased, having full and legal authority to authorize and direct the transportation, cremation, processing and disposition of the cremated remains of the deceased. Authorized representative(s) authorize and direct Lakeshore Memorial Services, Inc. 11939 James St. Holland MI 49424 to take possession of and make arrangements for the transportation, cremation, processing and disposition of the remains of the deceased:

NAME OF DECEASED

DISPOSITION OF THE CREMATED REMAINS:

The Authorized Representatives hereby authorize and direct Lakeshore Memorial Services, Inc. to make disposition of the cremated remains of the deceased as follows.

Authorized Representative(s) will return to Lakeshore Memorial Services, Inc. for the cremated remains within five (5) calendar days of notification of availability from the funeral home. If the Authorized Representative(s) fail to return and pick up the cremated remains within the five (5) calendar days after notification, Lakeshore Memorial Services, Inc. will dispose of the cremated remains in any manner it deems suitable.

Please give cremated remains to: _____ Relationship: _____
Date notified: _____ Date received: _____ By: x _____

OR, send cremated remains registered mail, Authorized Representative(s) accept the responsibility for any loss during the delivery, or deliver to:

Name: _____

Address, City, State, Zip Code: _____

Cremated remains consist primarily of bone fragments, which are reduced by intense heat and mechanical processing and pulverization (the cremated remains may be possibly commingled with other cremated remains), to permit their placement in an urn or other suitable container. Any items with the body at the time of cremation will be cremated with the body. This may include but is not limited to: the alternative cremation container or casket selected by the family, clothing, jewelry, eyeglasses or any other items that the family requests. These items will not be retrievable following the cremation process. Unless a suitable container is purchased from Lakeshore Memorial Services, Inc. or another source, the cremains will be placed in a rigid plastic temporary container. The cremation process is completed by **Rosedale Memorial Park**, 0-50 Lake Michigan Drive NW, Grand Rapids, Michigan 49509, unless otherwise requested by legal next of kin.

The undersigned agrees to release and hold harmless Lakeshore Memorial Services, Inc., it's affiliates and their agents and employees from any and all loss, damages, liabilities, claims for relief or causes of action, including but not limited to: costs, expenses and attorney fees in connection with the transportation, cremation and disposition of the cremated remains as authorized and directed herein. Authorized Representatives assumes all liability for incorrectly identifying the body or for failing to identify the body.

Signature _____

Printed Name : _____

Relationship to deceased: _____

Address: _____

City, State, Zip: _____

Telephone: _____

When completed and signed please bring to Lakeshore Memorial Services or fax it to us at **616-395-3629**.
Thank you for letting us serve your family.