


# Cremation Authorization

Date of Cremation:	Cremation No.:
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	Web: <a href="http://www.directcarecremation.ca">www.directcarecremation.ca</a> EMail: <a href="mailto:info@directcarecremation.ca">info@directcarecremation.ca</a> 1839 Inkster Blvd. Winnipeg, MB. R2X 1R3
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Deceased Name:	Date of Death:	Age:
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Deceased Address:

Place of Death:

**I, the undersigned next of kin or legal representative, hereby certifies that I have the right to authorize cremation and disposition of the above named deceased. I accept responsibility for authorization and cremation and release the crematorium and 5397899 Manitoba Ltd. o/a Direct-Care Cremation of any Liability on account of said authorization, cremation and subsequent disposition**

**I understand the heart pacemaker or defibrillator can explode when placed in a crematorium chamber and also certify that the deceased:**

Yes  had a heart pacemaker or defibrillator or No  does not have a heart pacemaker or defibrillator

**Identification: is not mandatory in Manitoba. If it desired to have this take place, we will arrange for this to happen at Mosaic Funeral Chapel 1839 Inkster Blvd. Applicable Funeral Home Fees will be applied:**

The Undersigned wished to identify the deceased, and such the identification will take place on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ AM/PM

The Undersigned does NOT wish to identify the deceased, and by their signature below they hereby release 5397899 Manitoba Ltd. o/a Direct-Care Cremation of any Liability on account of said authorization, cremation and subsequent disposition.

<b>AUTHORIZATIONS:</b>	
Name:	Relationship:
Address:	Phone No.:
Authorization Signature:	Date Signed:
Witness / FH Rep. Signature:	Date Signed:
Funeral Director Signature	Date Signed:

Pacemaker/Defib Removed by:	I.D. Complete:	
Date Cremated Remains are needed by:		
Casket:	Cremation Container:	Urn: