

Schneider Crematory
P.O. Box 71
1730 E. Racine Street
Janesville, Wisconsin 53547
608-754-4444

Cremation Authorization

The undersigned authorizes Schneider Crematory in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations to cremate the human remains of:

Name of Deceased: _____ **Age:** _____ **Sex** _____

Place of Death: _____ **Date of Death** _____

The Funeral Director in Charge _____ **License No.** _____

Notice

Heart pacemakers can be dangerous when placed in a cremation chamber. If the crematory does not receive proper notice, the family and authorizing agent shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances.

Pacemaker: ____ **Yes** ____ **No**

After thirty (30) days the cremated human remains will be returned to the Funeral Home herein named. The human remains were delivered in a temporary container.

It is requested that the following disposition be made of the cremated human remains:

Delivery to: Schneider Funeral Directors, Inc.
1800 E. Racine Street
Janesville, Wisconsin 53545

The undersigned hereby authorizes Schneider Crematory to deliver the cremated human remains via Registered U.S. Mail and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless Schneider Crematory and the Schneider Funeral Home from any and all claims related to said shipment. The Schneider Funeral Home and Schneider Crematory assume no responsibility for cremated human remains after delivery to any agent or persons. Schneider Crematory will not cremate any jewelry with the deceased. The funeral director may, however, place the jewelry with the cremated remains.

County and State of Death: _____.

I, _____ hereby certify that I am related to the deceased as _____, that I have the lawful right to authorize this cremation authorization and the disposition of the cremated human remains above named, that any personal possession has either been removed or may be destroyed. I further agree that I will indemnify and hold harmless Schneider Crematory and the funeral director, above named from any claims to the contrary.

Signed by _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Witness: _____