



AUTHORIZATION FOR TRANSFER FROM PLACE OF DEATH

Date: _____

I/We hereby authorize Northshore Cremation Services and its qualified representatives to remove the remains of _____ to their funeral establishment.

I/We also give permission for the qualified representatives of Northshore Cremation Services to use any techniques or procedures they deem necessary to achieve the disinfection and preservation of the above-named deceased. This might include refrigeration, setting of facial features, or restoring the natural appearance for the purpose of proper identification of the deceased.

I/We further agree to indemnify and hold harmless Northshore Cremation Services, Behm Family Funeral Home and its representatives from any liability or claims, resulting from the use of such techniques.

I/We understand that by authorizing this transfer of the above named deceased we are responsible for the payment of these initial transportation fees even if another funeral established is chosen at a later date to perform the cremation.

Signed: _____

Relationship: _____

Co-Signed: _____

Relationship: _____

Witness: _____ Date: _____