



PACIFIC NORTHWEST CREMATION

PRE-NEED CREMATION AUTHORIZATION

The undersigned hereby requests and authorizes Pacific NW Crematory in accordance with and subject to its rules and regulations, to cremate the remains of:

Full Name _____

Date of Birth _____ Male _____ Female _____ SS# _____

and certifies that he/she has the right to make such an authorization and agrees to hold Pacific NW Crematory harmless from any liability on account of said authorization and cremation. The undersigned further gives permission for the removal of any pacemaker device from the deceased by crematory personnel.

Signature Relationship Date

Instructions for Disposition of Cremated Remains:

Instructions for Disposition of Jewelry or Pacemaker (if any at time of need)

Jewelry _____ Pacemaker _____

If an urn is not selected, the cremated remains will be returned in a temporary holding unit consisting of fiberboard-cardboard.

If family pickup is specified as disposition, we request that your family collect your remains from Pacific NW Cremation within 30 days of cremation. After 90 days, Pacific NW Cremation will have no responsibility for the cremated remains and may dispose of any said remains in any lawful manner.

PNWC Representative Date

SPOKANE – 4407 N. Division St, Suite 103 • Spokane, WA 99207 • (509) 483-3440

VALLEY – 12209 E Mission Ave, Suite 4 • Spokane Valley, WA 99206 • (509) 926-2020