

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/s Pacific NW Cremato cremation. The under device from the dece | ory harmless t rsigned furth | from any liability er gives permissi | on account of on for the rem | said author | rization and |
| Signature | | Relationship | D | ate | |
| Instructions for Disp | osition of Cr | emated Remains | : | | |
| Instructions for Disp | osition of Jev | welry or Pacemal | ker (if any at ti | me of need) |) |
| Jewelry | | Pacemake | r | | |
| If an urn is not select consisting of fiberbo | | | be returned in | a temporar | ry holding unit |
| If family pickup is sp from Pacific NW Cre Cremation will have remains in any lawfu | emation with no responsib | in 30 days of cre | mation. After 9 | 90 days, Pac | cific NW |
| PNWC Representative | | Date | | | |