

*Witness of
Authorizing Agent Form*

I the authorizing agent and witness of the signing of required cremation authorization acknowledge that Jansen Family Funeral Home, Inc., and Sunset Hills Association are relying upon the representations being made by the authorizing agent. The authorizing agent certifies that all of the information and statements contained on the cremation authorization are accurate and no omissions of any material fact have been withheld, such as a legal next of kin above you, your legal name, any additional kin of your same degree. The authorizing agent further agrees that he/she shall indemnify and hold harmless Jansen Family Funeral Home, Inc., Sunset Hills Association, their officers, directors, employees, and all agents from any claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to any legal fees arising out of or resulting from the funeral home and crematory's reliance on your performance, directions, statements, representations and agreements made through the authorization and arrangements for final disposition.

YOU WILL BE LEGALLY RESPONSIBLE FOR PROVIDING FALSE OR MISLEADING INFORMATION.

The witness of this authorization acknowledges that the authorizing agent signed the cremation authorization in the person of the witness on their own free will and sound mind on (date) _____, at (address of location) _____

The witness of this authorization also agrees that the authorizing agent is of the closest degree of next kin to said deceased, and thus the individual is charged with making such decisions for final disposition - such as cremation.

State of Michigan Next of Kin Rights in order of responsible party. (A majority must consent)
Spouse/Legal Guardian, Adult Children, Parents, Siblings, Grandchildren, Nieces/Nephews (NOT P.O.A.)

Initial boxes to Right Authorizing Agent _____ Witness _____

Authorizing Agents Legal Name: _____

Complete Address: _____

Telephone Number: _____ Drivers License # _____

Authorizing Agents Signature: _____ Date _____

Witness's Legal Name: _____

Complete Address: _____

Telephone Number: _____ Drivers License # _____

Witness's Signature: _____ Date _____