

# Duzak

## Funeral and Cremation

16600 West Warren  
Detroit, MI 48228-3502  
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(313) 584 - 5051

(800) 331- 5051

Fax (313) 584 - 8536

Al and Chris Duzak, Director's

### Release of Remains

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**Hospital / Nursing Home / Residence / Medical Examiner**

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**Name of Deceased**

I \_\_\_\_\_

Authorize the Release of the remains of the individual stated above to be released to the Duzak Funeral & Cremation Center, Inc.

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_



# Serenity Cremation Services, Inc.

12613 Universal Drive • Taylor • MI • 48180 • ph (734)946-5222 • fax (734)946-5224 • www.serenitycremation.net

REG. #: \_\_\_\_\_  
CREMATION DATE: \_\_\_\_\_

(PLEASE TYPE OR PRINT)

## CREMATION AND PROCESS AUTHORIZATION

NAME OF DECEASED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

### DISPOSITION OF CREMATION

REGISTERED MAIL TO  DELIVERED TO  
 1. FUNERAL DIRECTOR  2. AUTHORIZED AGENT

NAME: \_\_\_\_\_

**DUZAK FUNERAL & CREMATION CENTER, Inc.**

NAME OF FUNERAL HOME  
16600 W. Warren-Detroit, Michigan 48228

ADDRESS OF FUNERAL HOME

### ALL PACEMAKERS MUST BE REMOVED

NOTICE: Some heart Pacemakers, radiation producing implants, and other life sustaining devices can be dangerous when placed in a cremation chamber. All such devices must be removed before cremation at Serenity Cremation Services, Inc. if not removed, the Funeral Home shall be held responsible for any damage and/or injury resulting, and the crematory will not be responsible or accept any liability under those circumstances. Pacemaker removal service upon request.

PACE MAKER:  NO  YES

RADIOACTIVE DEVICES:  NO  YES, TYPE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

JEWELRY:  NO  YES  REMOVED BY FUNERAL DIRECTOR  CREMATED WITH BODY

CASKET TYPE:  WOOD  STEEL  CARDBOARD  ALTERNATIVE CONTAINER

I (WE) The Undersigned Below HAVE AUTHORIZED THE FUNERAL HOME TO DELIVER THE DECEDENT TO SERENITY CREMATION SERVICES, INC. FOR CREMATION.

I (we) hereby certify that I (we) have full authority to arrange for Cremation, Processing, and Disposition of the cremated remains of the named decedent. I (we) hereby agree to indemnify, defend and hold harmless SERENITY CREMATION SERVICES, INC., its officers, agents and employees of and from any and all claims, demands, causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the authorizing agent to properly identify the human remains transported to SERENITY CREMATION SERVICES, INC. The Funeral Director has fully explained the INFORMATION, OPERATIONAL POLICIES, PROCEDURES OF SERENITY CREMATION SERVICES, INC. and I (we) fully understand them. I (we) therefore authorize SERENITY CREMATION SERVICES, INC. to proceed with the cremation.

### SIGNATURE(S) OF AUTHORIZED REPRESENTATIVE(S) FOR CREMATION:

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I certify that the following authority and certifications are just and true to the best of my knowledge. I have fully explained to the authorizing agent(s) the Information Operational Policies/Procedures of SERENITY CREMATION SERVICES, INC.

FUNERAL HOME \_\_\_\_\_ FUNERAL DIRECTORS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
SPECIAL INSTRUCTIONS OR HAZARDOUS WARNINGS: \_\_\_\_\_

### SERENITY CREMATION SERVICES, INC. – OFFICE USE ONLY

RECEIVED REMAINS:	DATE:	TIME:	AMOUNT PAID:
CREMATION COMPLETED:	DATE:	TIME:	DATE RECEIVED:
DISPOSITION OF CREMAINS:	DATE:	TIME:	CHECK NUMBER:

Al and Chris Duzak, Director's

**Sole Authorization To Cremate**

RE: \_\_\_\_\_  
(Name of Deceased) (Date)

As the authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless the **DUZAK FUNERAL AND CREMATION CENTER** of Detroit, Michigan, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to the **Serenity Cremation Service, Inc.** of Taylor, Michigan, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the **Serenity Cremation Service, Inc.** of Taylor, Michigan, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

\_\_\_\_\_  
Funeral Licensee

Signature (X) \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

**Name of Deceased** \_\_\_\_\_

**Male or Female**

**Date of Birth** \_\_\_\_\_

**Date of Death** \_\_\_\_\_

**Age** \_\_\_\_\_

**Location of Death at Residence or Medical Facility** \_\_\_\_\_

**Current Residence** \_\_\_\_\_

**Birthplace / City & State** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Highest Level of Education** \_\_\_\_\_

**Race** \_\_\_\_\_

**Ancestry / I.E. Polish, German, American** \_\_\_\_\_

**Hispanic Origin**                      **Yes or No**

**Veteran**                                **Yes or No**

**Usual Occupation** \_\_\_\_\_

**\*State of Michigan won't accept Retired.**

**Kind of Business / Industry** \_\_\_\_\_

**Marital Status**      **Married**      **Widowed**      **Divorced**      **Never Married**

**Name of Surviving Spouse** \_\_\_\_\_

**\* If has a surviving wife – Maiden Name Required**

**Fathers Name** \_\_\_\_\_

**Mothers Name** \_\_\_\_\_

**\* Maiden Name Required**

**Informant's Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

I \_\_\_\_\_ hereby confirm the information I have given is correct to the best of my knowledge

**Sign /Print**

# Duzak Funeral & Cremation Center

## Business Policy/Terms of Payment

We are a small business providing services and merchandise, and are totally dependent upon our clients for prompt payment for the services and merchandise they request.

**Cash Advance Items:** (money paid a third party on the clients behalf) are necessary to conduct certain funeral arrangements. Said charges represent a cash outlay without a profit being realized by our firm. Therefore, such cash advance items listed on the Statement of Funeral Goods & Services is requested to be paid at the time of the Funeral Arrangement Conference.

### Payment Policy

- A. Total Funeral Bill Paid-in-Full at the time of the Funeral Arrangement Conference.
- B. Method of Payment by Cashier's Check, Visa, MasterCard, Discover, American Express, and Cash.
- C. Insurance, Union and other benefits that may be eligible to you are considered to be your benefits. We ask that the total funeral bill be paid-in-full at the time of the funeral arrangement conference.
- D. When monies are not readily or guaranteed to us for funeral expenses, evidence of financing and payment must be given to the director prior to or at the funeral arrangement conference.
- E. Under circumstances where the deceased's estate must stand the burden of paying the funeral expenses, we ask that a friend or family member pay the funeral expenses and file their claim for reimbursement with the deceased estate.
- F. In all cases where the total payment has not been received in ten working days, a late penalty will be charged at the rate of 12% annually or 1% per month on the unpaid balance.
- G. In the event that proper arrangements have not been made within ten working days, delinquent accounts will be reported to our collection agency.
- H. Oral Agreements or Oral commitments to extend credit or to forebear from enforcing payment of a debt are not enforceable under Michigan State Law.

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## Privacy Policy

**Duzak Funeral & Cremation Center has long been committed to respecting and protecting the privacy of our consumers. We adhere to a strict consumer information privacy policy, which includes the following key provisions.**

1. No information provided by a consumer will be sold or transferred to a third party.
2. Only Duzak Funeral & Cremation Center and those acting under our authority to promote our service and services related to our company will have access to a consumer's data.
3. Only names and addresses of adult consumer's who wish to receive information about our services and programs will be maintained in our active mailing list.
4. Consumers who wish to remove their names from our mailing list can do so by calling toll-free 1-800-331-5051

# *Duzak* Funeral & Cremation Center

**16600 West Warren  
Detroit, Michigan 48228**

**(313) 584-5050**

**(800) 331-5051**

**Fax (313) 584-8536**

**Al & Chris Duzak, Director's**

## **Guide to the Use of Certified Copies of the Death Certificate**

- 1) Life Insurance – 1 copy for each policy holder
- 2) Banks, credit unions and saving & loans
- 3) Real Estate – 1 copy for each county in which property is owned
- 4) Secretary of State – for ownership of motor and marine vehicles
- 5) Stocks - 1 copy per broker or company held
- 6) Bonds
- 7) IRA – 1 copy for each institution where funds are maintained
- 8) Certificates of Deposit – 1 copy per institution
- 9) Pension – 1 per fund holder
- 10) Probate – 1 copy given to attorney where estate is to be probated
- 11) Income Tax – 1 copy each for Federal, State and Local
- 12) Trusts – consult your trust officer

- **DC's are Filed in the City or County where the death has Occurred**
- **The Price of Certified Copies Vary Depending on the City or County where the Death has Occurred**