

Duzak

Funeral and Cremation Center

16600 West Warren Avenue
Detroit, Michigan 48228
www.duzakcremation.com

Toll Free: (800) 331- 5051

Fax: (313) 584 – 8536

Email: info@duzakcremation.com

Al, Chris & Noah Duzak, Director's

Please read carefully, as this important information pertains to the cremation process and our business policy.

Note that having power of attorney does not grant the right to handle disposition or authorize cremation.

THE CREMATION PROCESS

In order for cremation to take place for all funeral homes in the State of Michigan, proper next of kin or kins need to sign the cremation paperwork. The next of kin is as follows in order of priority. Funeral Representative, Spouse, Majority of biological children over the age of 18, Majority of biological grandchildren over the age of 18, Biological parents, Biological grandparents, Majority of biological brothers and sisters over the age of 18, any Biological nephew, niece, uncle, aunt, cousin over the age of 18.

Once we receive the completed and signed forms, we obtain a signed death certificate by the attending physician, PCP, hospice doctor or medical examiner. This is required before the cremation will take place. It is required by law that the county medical examiner issues a cremation permit, and the county medical examiner won't issue a cremation permit until the death certificate is signed.

Please note, it takes up to 48 hours to obtain a signed death certificate and 24 to 48 hours to obtain the cremation permit. Please allow 5 to 7 business days for the cremation to take place.

CERTIFIED COPIES OF THE DEATH CERTIFICATE

Once the death certificate is signed, we will email over a file copy for the family to review. Please review it carefully as once it's filed, if you approved it with any inaccuracies, you will be responsible for charges to correct it along with copies of the new death certificates. Once approved by the family, we will file it electronically and the death certificates will be ready for pick up with the cremated remains. If you are need of the death certificates sooner, we advise you order them on your own directly from the clerks office.

PERSONAL PROPERTY

Duzak Funeral & Cremation Center, Inc. accepts no responsibility for any personal effects that are given to us by a third party (hospital, nursing home, medical examiner, etc.) and cremated with the body. Personal effects for example are clothes, jewelry, etc. If you suspect the deceased may have personal effects, please notate it on the release form so we can check for you. If we are in possession of any personal effects, we will return them to you if you wish. We do not return clothes given to us from a medical examiner's office. Please note shipping costs will apply for items that aren't shipped with the cremated remains.

PAYMENT POLICY FOR SERVICES

Payment for services is due in full at the time our funeral home receives the completed paperwork or at the time of arrangements.

We accept all major credit cards, money orders, and cash.

We do not currently offer payment plans or make claims to receive payment from life insurance companies.

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Authorization to release the remains of:

Name of deceased

Current location of deceased

Approximate weight

Please list any jewelry that may need to be removed, or property we need to be aware of

I/we authorize the remains of the individual stated above to be released to the Duzak Funeral & Cremation Center, Inc. along with any personal effects.

Signature: _____

Print: _____

Relationship to deceased: _____

Date signed: _____

Note: Transportation outside of a 35 mile radius from our funeral home will incur a \$3.00 per mile charge 1 way.

Authorization for cremation

Duzak Funeral and Cremation Center

16600 West Warren Avenue, Detroit, Michigan 48228

1 800 331 5051 – Phone

1 313 584 8536 - Fax

info@duzakcremation.com – Email

Cremation will take place at one of the locations below

Meadowcrest Memorial Crematory
5800 East Davison – Detroit, MI 48212
Phone: 313 891 2429

Southern Michigan Services
12700 Fairlane – Livonia, MI 48150
Phone: 734 422 6700

Serenity Cremation Services
12613 Universal Drive – Taylor, MI 48180
Phone: 734 946 5222

Southern Michigan Services
4839 Fernlee Ave, Royal Oak, MI 48073
Phone: 248 435 5566

Name of deceased: _____

Pacemaker ☐ YES ☐ NO

Pacemakers can explode due to the lithium batteries being exposed to high heat during the cremation. We remove the pacemaker, and donate them to Project My Heart your Heart at University of Michigan

Jewelry ☐ Cremate with body ☐ Return to family ☐ Body contains no jewelry

Viewing of the body before cremation (additional charges will apply) ☐ YES ☐ NO

Please read carefully, sign and complete below. (Multiple signatures may be required on this form depending on next of kin)

1. Signature _____ Print: _____

Relationship to deceased _____ Phone Number _____

Address _____

2. Signature _____ Print: _____

Relationship to deceased _____ Phone Number _____

Address _____

3. Signature _____ Print: _____

Relationship to deceased _____ Phone Number _____

Address _____

4. Signature _____ Print: _____

Relationship to deceased _____ Phone Number _____

Address _____

5. Signature _____ Print: _____

Relationship to deceased _____ Phone Number _____

Address _____

I (WE) the signed (the “Authorizing Agent(s)”), herby state that we are the sole next of kin to authorize cremation and there is no other next of kin that supersedes our authority

I (WE) the signed (the “Authorizing Agent(s)”), have authorized the human remains that were delivered to the DUZAK FUNERAL & CREMATION CENTER, Inc. be delivered to either Meadowcrest Memorial Crematory, Southern Michigan Services, or Serenity Cremation Services for cremation.

I (WE) the signed (the “Authorizing Agent(s)”), herby authorize and request either Meadowcrest Memorial Crematory, Southern Michigan Services or Serenity Cremation Services in accordance with and subject to any state/provincial or logical laws or regulations, to cremate the human remains of the decedent stated on this document

I (WE) the signed (the “Authorizing Agent(s)”), have read the attached document.

Limitation of Liability

As the authorizing Agent(s), I (We) herby agree to indemnify, defend, and hold harmless the Duzak Funeral & Cremation Center, Inc. of Detroit, Michigan, Meadowcrest Memorial Crematory of Detroit, Michigan, Southern Michigan Services of Livonia and Royal Oak, Michigan, or Serenity Cremation Services of Taylor, 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 Meadowcrest Memorial Crematory of Detroit, Michigan, Southern Michigan Services of Livonia and Royal Oak, Michigan, or Serenity Cremation Services, 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 Duzak Funeral & Cremation Center, Inc. of Detroit, Michigan, Meadowcrest Memorial Crematory of Detroit, Michigan or Southern Michigan Services of Livonia and Royal Oak, Michigan, or Serenity Cremation Services of Taylor, Michigan its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

Date cremation authorization form completed and signed by responsible parties: _____

Cremation Number (Crematory Fills in) _____

Date of Cremation (Crematory Fills in) _____

Signature of Funeral Director as Witness for signatures(s) of Authorizing Agent(s)
Duzak Funeral & Cremation Center, Inc. 16600 W.Warren-Detroit, MI 48228

Duzak

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16600 West Warren

Detroit, MI 48228-3502

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Authorization for disposition of cremated remains

Name of deceased: _____

Sign: _____

Print: _____

Relationship to deceased: _____

Date signed: _____

Please check one option below

- ☐ 1. Pick up at the funeral home or crematory

If the cremated remains are not picked up within 6 months from the date of cremation, the cremated remains will be turned over to Our Lady of Hope Cemetery located in Brownstown, Michigan. The cremated remains will not be returned once in possession of Our Lady of Hope Cemetery. Please make every effort to coordinate pick up.

Please list below who is authorized to pick up the cremated remains.

- ☐ 2. Deliver cremated remains

\$50 delivery fee within Wayne, Oakland, Macomb, Washtenaw, Monroe, and Livingston Counties

Address _____

- ☐ 3. Mail to a Residence

\$50 service fee for mailing the cremated remains, Postage will be an additional charge which is determined by USPS

Address _____

- ☐ 4. We do not want the cremated remains back

We the family of the above stated authorize the Duzak Funeral and Cremation Center, Inc. of (16600 West Warren Ave.-Detroit, Michigan 48228) the Right and Authority to arrange for the final disposition of the cremated remains of the individual stated above. We understand that if this option is selected, the cremated remains will be taken to Our Lady of Hope Cemetery located at 18303 Allen Rd, Brownstown Charter Twp, MI 48193 for burial and will not be returned once Our Lady of Hope has possession of them. I/we do hereby hold harmless the Duzak Funeral & Cremation from liability.

Information for the death certificate

Full name of deceased _____

Male ☐ Female ☐

Date of birth _____

Date of death _____

Age _____

Location of death _____

Last known mailing address _____

City & state of birth _____

Social security number _____

Highest level degree earned in school or highest grade completed _____

Race _____

Ancestry if known _____

Hispanic origin Yes ☐ No ☐

Veteran Yes ☐ No ☐

Occupation done most of their life _____

Business or industry they worked in _____

Marital Status Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Separated ☐

Surviving spouse full name (wife full maiden name) _____

Father's name of the deceased _____

Mother's name of the deceased, include maiden name _____

Person providing info _____

Relationship to deceased _____

Mailing Address _____

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

Email to send proof: _____

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Selection of services and merchandise

Name of deceased: _____

- | | | |
|--|--------------------------|--------------|
| Direct cremation with no viewing or embalming | <input type="checkbox"/> | (\$995.00) |
| Direct cremation with facial picture of deceased before cremation takes place | <input type="checkbox"/> | (\$1,095.00) |
| Direct cremation and being present at the crematory to witness the interment of the body into the cremation unit
<i>10 minute allotted time, basic cremation container</i>
<i>Max 10 people in attendance</i>
<i>No embalming will be performed</i> | <input type="checkbox"/> | (\$1,295.00) |
| Direct cremation with identification of the body at Duzak Funeral Home before cremation takes place
<i>30 minutes allotted time, washing of the body, basic cremation container.</i>
<i>Max 10 people in attendance</i>
<i>No embalming will be performed</i> | <input type="checkbox"/> | (\$1,595.00) |
| Direct Cremation with 1 hour minimal viewing time at the funeral home only before cremation takes place
<i>Use of our chapel for 1 hour, embalming, upgraded cremation container</i> | <input type="checkbox"/> | (\$2,295.00) |
-

Number of certified copies of the death certificate: _____

(Prices vary)

- | | | | | |
|---|---|---|---|---|
| Urn Type: | Plastic urn (Included) <input type="checkbox"/> | Wood urn (\$100) <input type="checkbox"/> | Gold metal urn (\$150) <input type="checkbox"/> | Engraving (\$50) <input type="checkbox"/> |
| Pacemaker removal (needs to be removed to prevent damage to cremation unit) | <input type="checkbox"/> | | | (\$25.00) |
| Dressing the deceased with clothes provided by the family before cremation takes place | <input type="checkbox"/> | | | (\$75.00) |
| Cremation container for an individual weighing 300 lbs or more | <input type="checkbox"/> | | | (\$250.00) |
| Thumbprints for a keepsake | <input type="checkbox"/> | | | (\$10.00) |
| Lock of hair for a keepsake | <input type="checkbox"/> | | | (\$10.00) |
| Silver tube pendant necklace to hold a portion of the cremains | <input type="checkbox"/> | | | (\$25.00) |
| Deliver the cremated remains to your residence
Within Wayne, Oakland, Macomb, Monroe, Washtenaw, Livingston County | <input type="checkbox"/> | | | (\$50.00) |
| Mail the cremated remains (Postage will be a separate charge from USPS) | <input type="checkbox"/> | | | (\$50.00) |
| Filling of urns or jewelry not purchased through our funeral home (We fill up to five items for \$25.00, any items after are \$5.00 and item) | <input type="checkbox"/> | | | (\$25.00) |
- How many large urns _____
- How many small urns _____
- How many pieces of jewelry _____

Person to contact for payment: _____

Phone: _____ Payment can be made over the phone with a debit/credit card, or in person.