

Duzak

Funeral and Cremation

16600 West Warren
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

IMPORTANT INFORMATION

Please read carefully before completing paperwork: This document has been prepared to assure that the person(s) contracting services from Duzak Funeral & Cremation Center, Inc. understands and agrees to the information below.

1.) It takes between 3 to 7 business days, sometimes longer, to complete the cremation process. The process starts on the first business day (Monday through Friday) after receiving our completed and signed forms from the family. The first step is the doctor signing the death certificate. The doctor has 48 hours to issue a certificate once notified by our funeral home. After the death certificate is signed a cremation permit has to be requested from the county medical examiner for the cremation. It can take 1 - 2 days to receive this permit.

We highly recommend if you are planning to have a memorial service and want your loved ones cremated remains present for that service, that you do not make plans for that service UNTIL you have received the cremated remains from our funeral home.

2.) All Death Certificates ordered through our funeral home from the county / city clerk will be ready for pick up when the cremated remains are ready.

If you are requesting the certified death certificates ASAP, we recommend that you purchase them directly from the clerk's office.

3.) 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 make us aware 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.

4.) 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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Release of Remains

Name of Deceased

Current location of deceased

Approximate Weight

Please list any jewelry that may need to be removed

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

Signature: _____

Print: _____

Relationship: _____

AUTHORIZATION FOR CREMATION

DUZAK FUNERAL & CREMATION CENTER, INC.
16600 West Warren Avenue – Detroit, Michigan 48228
Phone: 1 800 331 5051 Fax: 1 313 584 8536

CREMATION WILL TAKE PLACE AT ONE OF THESE LOCATIONS

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

CREMATION IS IRREVERSIBLE AND FINAL
THIS IS A LEGAL DOCUMENT; IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION
ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO CREMATION

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

I (WE) the undersigned (the “Authorizing Agent(s)”), herby authorize and request 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 undersigned (the “Authorizing Agent(s)”), have read the attached document and herby authorize Meadowcrest Memorial Crematory, Southern Michigan Services or Serenity Cremation Services to perform the cremation of the decedent in accordance with the 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.

Name of Deceased: _____

Name _____ Signature _____

Relationship _____ Phone Number _____

Address _____

Name _____ Signature _____

Relationship _____ Phone Number _____

Address _____

Name _____ Signature _____

Relationship _____ Phone Number _____

Address _____

Name _____ Signature _____

Relationship _____ Phone Number _____

Address _____

Name _____ Signature _____

Relationship _____ Phone Number _____

Address _____

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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Detroit, MI 48228-3502

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Al, Chris & Noah Duzak, Director's

Disposition of Cremated Remains

Deceased: _____

***Please circle option 1, 2, 3, or 4**

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.**

Who is allowed to pick up _____

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 to mail the cremated remains. Postage will be 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 do hereby hold harmless the Duzak Funeral & Cremation from liability. If the family chooses to recover the cremated remains they will have to contact the cemetery at (734) 285-2155

Sign: _____

Print: _____

Date: _____

Information for the Death Certificate

Fax: 313 – 584 – 8536 or

Email: info@duzakcremation.com

Full name of deceased _____

Male or Female

Date of Birth _____

Date of Death _____

Age _____

Location of Death _____

Last known mailing address _____

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

Kind of work done most of their life (Don't put retired) _____

Business or Industry they worked in _____

Marital Status Married Widowed Divorced Never Married Separated

Name of Surviving Spouse _____

* WIFE'S MAIDEN NAME

Father's full name _____

Mother's full maiden name _____

Name of 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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Person to contact for Payment: _____

Phone: _____

Deceased: _____

Direct cremation with no viewing or embalming Yes / No (\$995.00)

Direct cremation with facial picture of deceased before cremation takes place Yes / No (\$1,095.00)

Direct cremation and being present at the crematory to witness the interment of the body into the cremation unit Yes / No (\$1,295.00)

**Max 10 people in attendance, 15 minute allotted time, deceased will be in a basic cremation container behind a glass window
No embalming will be performed**

Direct Cremation with identification of the body at the funeral home only before cremation takes place Yes / No (\$1,595.00)

**Max 15 people in attendance, up to 30 minutes for ID, washing of the body, deceased will be in a basic cremation container
No embalming will be performed**

Direct Cremation with 1 hour minimal viewing time at the funeral home only before cremation takes place Yes / No (\$2,295.00)

Use of our chapel for 1 hour, embalming, upgraded cremation container

Number of certified copies of the death certificate: _____ (Prices vary)

Urn Type: Plastic urn (Included) Wood urn (\$100) Gold metal urn (\$150) Engraving (\$50.00)

Pacemaker removal (Needs to be removed to prevent damage to cremation unit) Yes / No (\$25.00)

Dressing the deceased with clothes provided by the family before cremation takes place Yes / No (\$75.00)

Cremation container for an individual weighing 300 lbs or more Yes / No (\$250.00)

Electronic copy of thumbprints for a keepsake Yes / No (\$10.00)

Lock of hair for a keepsake Yes / No (\$10.00)

Silver tube pendant necklace to hold a portion of the cremains Yes / No (\$25.00)

Deliver the cremated remains to your residence Yes / No (\$50.00)

Within Wayne, Oakland, Macomb, Monroe, Washtenaw, Livingston County

Mail the cremated remains Yes / No (\$50.00)

- Postage will be determined by USPS

Are we filling urns or jewelry not purchased through our funeral home Yes / No (\$25.00)

If we are dividing the cremains How many small containers _____ (\$5 per container)

How many medium containers _____ (\$10 per container)

How many large containers _____ (\$15 per container)

Please note, if location of death is more than 35 miles from our funeral home, then a \$3.00 per mile one way fee is applied