

# Duzak

## Funeral and Cremation

16600 West Warren

Detroit, MI 48228-3502

www.duzakcremation.com

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Al, Chris & Noah Duzak, Director's

Toll Free: (800) 331- 5051

Fax: (313) 584 – 8536

Email: c.duzak@yahoo.com

### 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

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Name of Deceased

Location :

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Hospital - Nursing Home - Residence - Medical Examiner

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Approximate Weight

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 Cemetery & Crematory, Inc.  
5800 East Davison – Detroit, Michigan 48212  
Phone: 313 891 2429

Ascension Reflection Crematory, Inc.  
37105 Industrial Road – Livonia, Michigan 48150  
Phone: 734 855 4523

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 or Ascension Reflection for refrigerated storage and cremation.

I (WE) the undersigned (the “Authorizing Agent(s)”), herby authorize and request Meadowcrest Memorial or Ascension Reflection 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 or Ascension Reflection 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 of Detroit, Michigan or Ascension Reflection of Livonia, 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 or Ascension Reflection Crematory of Livonia, 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 Ascension Reflection Crematory of Livonia, 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

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### Disposition of Cremated Remains

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Name of Deceased

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Sign

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Print

Date\_\_\_\_\_

We would like to receive the cremated remains by:

1. Pick up at the funeral home or crematory within 30 Days YES / NO

Individual/Individuals allowed to pick up\_\_\_\_\_

2. Deliver Cremated Remains to address below YES / NO

Within Wayne, Oakland, Macomb, Washtenaw, Monroe, and Livingston Counties - \$50.00

Address\_\_\_\_\_

3. Mail to a Residence YES / NO

Within Michigan (\$100) Outside of Michigan (\$175)

Address\_\_\_\_\_

4. Funeral home to handle the disposition (If yes, please read below) YES / NO

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

Duzak Funeral & Cremation Center  
16600 W. Warren – Detroit, Michigan 48228  
1 800 331 5051

1 hour private family moment at the Funeral Home before cremation

- Family will be able to say their goodbyes at Duzak Funeral Home – 16600 W. Warren Ave.-Detroit, MI 48228

- \$1,100 additional
- Embalming will be performed.
- 1 Hour, No casket will be used, but decedent will be in the container used for cremation
- Date and time can be chosen Monday through Friday 9am to 5pm

Initial one / Accept \_\_\_\_\_ Decline \_\_\_\_\_

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(Name of Deceased)

If Accepted please sign Embalming Authorization Form Below

EMBALMING AUTHORIZATION

Although not required by State Law, Embalming may be necessary if the body is shipped or if a funeral is held with an open casket for viewing. Authorization of this document grants the DUZAK FUNERAL & CREMATION CENTER Inc., the authority to perform embalming procedures as is normally required, and at the price quoted for this service on the said funeral homes General Price List.

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

Print: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

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 LAST NAME AT BIRTH

Fathers full name \_\_\_\_\_

Mothers full maiden name \_\_\_\_\_

Name of person providing info \_\_\_\_\_

Relationship \_\_\_\_\_

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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Al, Chris & Noah Duzak - Directors

Person to contact for Payment: \_\_\_\_\_

Phone: \_\_\_\_\_

Deceased: \_\_\_\_\_

Circle method of payment: (Visa) (Mastercard) (Discover) (Amex) (Cashier's Check) (Money Order) (Cash)

Direct Cremation with no viewing or embalming Yes / No (\$895.00)

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

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

Does the individual have a pacemaker we need to remove Yes / No (\$25.00)

Cremation container for an individual weighing 300lbs or more Yes / No (Additional \$200)

Cremation fee for an individual weighing between 300lbs to 399lbs Yes / No (Additional \$200)

Cremation fee for an individual weighing between 400lbs to 499lbs Yes / No (Additional \$400)

**Transportation outside of a 25 mile radius from our funeral home is \$3.00 per mile one way**

**Below are options available to you but are not required**

Do you want Thumbprints for a keepsake Yes / No (\$10.00)

Do you want a Lock of Hair for a keepsake Yes / No (\$10.00)

Do you want a Facial Picture of your loved one before cremation for identification Yes / No (\$50.00)

Are you witnessing the interment of the body into the machine for cremation at the crematory Yes / No (\$350.00)  
-Included is closing of facial features, crematory schedule fee, 10 minute viewing time, max 10 people in attendance

Are you having a 1 hour private family moment before cremation at the funeral home Yes / No (\$1,100.00)  
-Included is embalming, ID cremation casket, 1 hour viewing time

Do you want us to deliver the cremated remains to your residence Yes / No (\$50.00)  
Within Wayne, Oakland, Macomb, Monroe, Washtenaw, Livingston County

Are we mailing the cremated remains (\$100 in Michigan) (\$175 outside of Michigan) Yes / No

Do you want a silver tube pendant necklace to hold a portion of the cremains Yes / No (\$25.00)

Are we setting up military honors for the deceased Yes / No (\$25.00)

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

Would you like memory cards Minimum order is 50 cards Yes / No (\$150.00)

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)