

# Duzak

## Funeral and Cremation

16600 West Warren  
Detroit, MI 48228-3502  
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Toll Free (800) 331- 5051

Alt. (313) 584 - 5050

Fax (313) 584 - 8536

Email c.duzak@yahoo.com

Al and Chris Duzak, Director's

### 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

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(Print Name)

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

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

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

**AUTHORIZATION FOR CREMATION**

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

**CREMATION WILL TAKE PLACE AT  
Meadowcrest Memorial Cemetery & Crematorium Association, Inc.  
5800 East Davison – Detroit, Michigan 48212  
Phone: 313 891 2429**

**THIS IS A LEGAL DOCUMENT; IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.  
CREMATION IS IRREVERSIBLE AND FINAL**

I (WE) the undersigned (the “Authorizing Agent(s)”), herby authorize and request Meadowcrest 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) have authorized the human remains that were delivered to the **DUZAK FUNERAL & CREMATION CENTER, Inc.** to be delivered to Meadowcrest Memorial for Cremation.

I (WE) have read the attached document and herby authorize Meadowcrest Memorial to perform the cremation of the decedent in accordance with the document.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMVOED PRIOR TO CREMATION

**Limitation of Liability**

As the authorizing Agent(s), I (We) herby agree to indemnify, defend, and hold harmless the Meadowcrest Memorial of Detroit, Michigan and the Duzak Funeral & Cremation Center, Inc. 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 Meadowcrest Memorial Crematory of Detroit, 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 Meadowcrest Memorial Crematory of Detroit 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) \_\_\_\_\_

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

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 **Meadowcrest Crematory** of Detroit, 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 **Meadowcrest Crematory** of Detroit, Michigan, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

Sign \_\_\_\_\_

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

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Funeral Director's Signature \_\_\_\_\_

# Duzak

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### Disposition of Cremated Remains

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Name of Decedent \_\_\_\_\_

Date \_\_\_\_\_

### Please initial one of the boxes below

We would like to receive the cremated remains by:

1. \_\_\_\_\_ Pick up at the funeral home within 30 Days

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

2. \_\_\_\_\_ Deliver Cremated Remains to address below

Within Wayne County - \$25

Within Oakland, Macomb, Washtenaw, Monroe, and Livingston Counties - \$50

Address \_\_\_\_\_

3. \_\_\_\_\_ Mail to Residence / Within Michigan (\$100) Outside of Michigan (\$175)

Address \_\_\_\_\_

4. \_\_\_\_\_ We would like the funeral home to handle the disposition by means of scattering.

We the family of the above stated do hereby hold harmless from liability and authorize the Duzak *Funeral and Cremation Center, Inc.* of (16600 W. Warren Ave.-Detroit, Michigan 48228) the Right and Authority to arrange for the final disposition of the cremated remains of the individual stated above at their discretion. We understand that if this option is selected, the cremated remains will be scattered, and therefore the cremated remains of the decedent will not be recoverable. This option will be done in a dignified manner at a date chosen by the funeral home.

Sign \_\_\_\_\_

Print \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

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

**1 Hour ID before cremation**

**\$1965.00**

- Family will be able to say their goodbyes at **Duzak Funeral Home – 16600 W. Warren Ave.-Detroit, MI 48228**
  - Embalming will be performed and by signing this form embalming is authorized.
  - I.D. is 1 Hour, No casket will be used, but decedent will be in the container used for cremation
  - Casket is Additional \$985 and is a corrugate Composite Material that is cremated with the individual
  - Date and time can be chosen on Monday through Friday 10am to 5pm

Circle one and initial / Accept \_\_\_\_\_ Decline \_\_\_\_\_

**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.

\_\_\_\_\_  
(Name of Deceased)

Approximate Weight \_\_\_\_\_ Lbs.

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

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

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

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

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

**Male or Female**

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

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

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

**Location of Death** \_\_\_\_\_

**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 THERE IS A SURVIVING WIFE, WE NEED HER LAST NAME AT BIRTH**

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

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

**\*LAST NAME AT BIRTH**

**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 and Cremation**  
**16600 West Warren**  
**Detroit, MI 48228-3502**

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**Fax: (313) 584 - 8536**  
**Email: c.duzak@yahoo.com**

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**Al & Chris Duzak - Directors**

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

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

(Visa) (Mastercard) (Discover) (Amex) (Cashier's Check) (Money Order) (Cash)

**Direct Cremation with no viewing or embalming \$895.00**

**Number of Certified Copies: \_\_\_\_\_ (Prices vary)**

**Does the Individual weigh between 300lbs to 399lbs Yes / No (Additional \$200)**

**Does the Individual weigh between 400lbs to 499lbs Yes / No (Additional \$500)**

**Did the death occur outside of Wayne, Oakland, Livingston, Macomb, Monroe, Washtenaw**  
**Yes / No (1.50 per mile, First 25 Miles Included)**

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

**Direct Cremation with 1 Hour viewing and embalming prior to cremation Yes / No (\$1,965.00)**

**Do you want to be present at the crematory to witness the cremation Yes / No (\$350.00)**

**Do you want us to deliver the Cremated Remains to your residence**

**Within Wayne County Yes / No (\$25.00)**

**Within Oakland, Macomb, Monroe, Washtenaw, Livingston County Yes / No (\$50.00)**

**Cremation Jewelry Yes / No Montana Silver Pendant (\$25.00) Additional options available**

**Urn Type: Temporary Urn (No Charge) Wood Urn (\$100) Gold Aeon Urn (\$100) Additional options available**

**Mailing of Cremated Remains Yes / No (\$100 in Michigan) (\$175 outside of Michigan)**

**Memorial Cards Yes / No (50 Cards - \$125) (100 Cards - \$175)**

**Thumbprints Yes / No (\$10.00)**

**Lock of Hair Yes / No (\$10.00)**

**Facial Picture of loved one before cremation Yes / No (\$10.00)**

**Dividing of Cremated Remains Yes / No (\$10.00 per container) # of Containers \_\_\_\_\_**

**Filling of Urns/Jewelry provided by Family Yes / No (\$25.00)**

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Email: c.duzak@yahoo.com

Effective: Jan. 1, 2022

### Direct Cremation

**\$895.00**

**NOTE: THIS PARTICULAR ARRANGEMENT DOES NOT INCLUDE EMBALMING, VISITATION/VIEWING OR A FUNERAL CEREMONY**

#### INCLUDED IN THIS PARTICULAR ARRANGEMENT ARE

**TRANSFER OF THE DECEASED TO THE FUNERAL HOME**

**WOOD-BASE CORRUGATED-TOP CREMATION CONTAINER ALSO KNOWN AS THE ALTERNATIVE CONTAINER**

**TRANSFER OF THE DECEASED TO THE CREMATORY**

**NECESSARY SERVICES OF THE FUNERAL DIRECTOR AND STAFF SUCH AS**

- 1. INITIAL FUNERAL ARRANGEMENT CONFERENCE WITH THE FAMILY TO OBTAIN PERSONAL INFORMATION FOR THE DEATH CERTIFICATE**
- 2. SECURING THE DOCTORS SIGNATURE ON THE DEATH CERTIFICATE**
- 3. WHEN COMPLETED, FILING IT AND ALL NECESSARY PAPERS AND PERMITS WITH THE CLERK IN THE CITY/COUNTY WHERE DEATH HAS OCCURRED**

**COUNTY MEDICAL EXAMINERS CREMATION PERMIT FEE**

**CREMATORIES FEE TO CREMATE**

**SIMPLE PLASTIC CONTAINER FOR CREMAINS**

**\*\*\*MOST CEMETERIES WILL ACCEPT THE CREMAINS IN THIS CONTAINER FOR INURNMENT, HOWEVER WE SUGGEST YOU CALL THE CEMETERY FIRST**

**TOTAL COST FOR THE ABOVE ARRANGEMENT ..... **\$895.00****

**Not included in this price:**

- 1.) Certified Copies of the Death Certificate (Prices vary based on the County or City the death occurred in)**
- 2.) If the Decedent is over 300lbs.**
- 3.) Transportation out of any county not based in Wayne, Oakland, Macomb, Monroe, Washtenaw, & Livingston County**

# 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

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**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**