

7 Rivers Crematory  
133 Mason Street, Onalaska, WI 54650  
Telephone: (608) 788-2188

## Authorization to Cremate

Pursuant to Wisconsin Statutes Chapter 440, the undersigned hereby authorizes 7 Rivers Crematory to cremate the remains of:

\_\_\_\_\_  
Name of Decedent                      Age of Decedent                      Gender of Decedent                      Date of Death

I, \_\_\_\_\_, the undersigned, hereby certify that I am related to the deceased as \_\_\_\_\_, that I have the right to authorize this cremation and the disposition of the remains. I understand that due to the nature of the cremation process, any valuable material, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further state that to the best of my knowledge that the body of the decedent does not contain an implanted mechanical or radioactive device, such as a heart pacemaker, nor any other life sustaining device that could create a hazard when placed in the cremation chamber. If such a device is implanted, I authorize the device to be removed prior to cremation. I also agree that if I fail to notify the funeral director or any other person responsible for the removal of such a device, that I will be liable for any damages to the crematorium or injury to crematorium personnel. I further agree that I will indemnify and hold harmless the crematory and funeral director, their officers and employees, from any civil liability or criminal prosecution, expenses, or claims resulting from this authorization and the resulting cremation.

\_\_\_ I verify that all jewelry has been removed prior to delivery to the crematorium.

Funeral Home in charge: \_\_\_\_\_ Signed: \_\_\_\_\_  
City: \_\_\_\_\_ Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_

This order, duly properly completed and signed, must accompany the remains and be delivered to the crematory, together with the Board of Health and Medical Examiner/Coroner Permits, before cremation can be held.

Cremation Date and Identification Number: \_\_\_/\_\_\_/\_\_\_