



MICHIGAN'S FINEST  
SINCE 1971

J. GILBERT

# PURSE FUNERAL HOME

[WWW.MICHIGANFUNERALHOME.COM](http://WWW.MICHIGANFUNERALHOME.COM)

FUNERAL DIRECTORS  
**Barry Purse**      **Gary Purse**  
**George Stentzel**  
**Gil Purse**      **Frank Lennox**  
1939 - 2008      1911 - 2005

**FAX COMPLETED DOCUMENTS TO FAX # 517-266-2750**

## **GENERAL RELEASE FORM**

Date: \_\_\_\_\_

To Whom It May Concern:

Please release the decedent: \_\_\_\_\_

To:      **J. GILBERT PURSE FUNERAL HOMES**  
210 W. Pottawatmie Tecumseh, MI 49286  
2959 N. Adrian Hwy Adrian, MI 49221

[WWW.PURSEFUNERALHOME.COM](http://WWW.PURSEFUNERALHOME.COM)  
[WWW.MICHIGANFUNERALHOME.COM](http://WWW.MICHIGANFUNERALHOME.COM)

Signed: \_\_\_\_\_

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

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

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**Adrian Chapel**  
2959 N. Adrian Hwy. (M-52)  
Adrian, MI 49221  
1-517-265-2300  
Manager / Gary Purse

When Calling Long Distance,  
Please use our 800 number  
**1-800-833-4551**  
**FAX 1-517-266-2750**

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**Tecumseh Chapel**  
210 W. Pottawatmie St.  
Tecumseh, MI 49286  
1-517-423-2121  
Manager / Barry Purse



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**DEATH CERTIFICATE INFORMATION FORM**

*( Please Clearly Print Information )*

NAME: \_\_\_\_\_ ( \_\_\_\_\_ )  
                    first                      middle                      last                      (maiden name)

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OCCUPATION (before retirement): \_\_\_\_\_ INDUSTRY: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

CITY & STATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS (married, widow, divorced, nev. married): \_\_\_\_\_ VETERAN?: \_\_\_\_\_

SPOUSE'S NAME (Maiden name if applicable): \_\_\_\_\_

ANCESTRY (i.e. French, Polish, Irish, English, Italian): \_\_\_\_\_

RACE: \_\_\_\_\_ HISPANIC? \_\_\_\_\_ LEVEL OF EDUCATION: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME (maiden): \_\_\_\_\_

NAME & ADDRESS OF NEXT OF KIN (please list below)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ TELEPHONE \_\_\_\_\_

DISPOSITION OF CREMATED REMAINS ( please check one):  
\_\_\_\_\_ return to party listed above (next of kin) by registered mail  
\_\_\_\_\_ return by registered mail to party listed here \_\_\_\_\_  
\_\_\_\_\_ will make arrangements to pick up at funeral home

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1-517-423-2121  
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# AUTHORIZATION FOR CREMATION

## Tri County Cremation Services

Ypsilanti, Michigan 48198

1-800-828-5871

(734) 485-0050

FAX (517) 266-2750 Adrian, MI

FAX (517) 423-2122 Tecumseh, MI

Date \_\_\_\_\_

Funeral Home J. Gilbert Purse

Cremation No. \_\_\_\_\_

**FAX COMPLETED DOCUMENTS TO FAX # 517-266-2750**

J. Gilbert

**Purse Funeral Home [WWW.MICHIGANFUNERALHOME.COM](http://WWW.MICHIGANFUNERALHOME.COM) 1.800.833.4551**

The undersigned, does hereby authorize and request **Tri-County Cremation Services** in accordance with and subject to its rules and regulations, to cremate the remains of \_\_\_\_\_

who passed away at \_\_\_\_\_

on the date of \_\_\_\_\_, of the following cause \_\_\_\_\_

and was born on the date of \_\_\_\_\_.

I, \_\_\_\_\_ have positively identified the said remains or papers attached.

(Please Print Name of Signer)

The undersigned, further certifies and represents that he or she has the right to authorized cremation and that the consent of no other person is necessary for this order, and agrees to hold said Crematory and J. Gilbert Purse Funeral Home harmless from any liability on account of said authorization and cremation. The undersigned, further agrees to pick up the cremains from the Funeral Director, or make arrangements for their final resting place within ninety (90) days.

Pacemaker: YES  NO  ALL PACEMAKERS MUST BE REMOVED

Jewelry:  Removed by Funeral Director  Cremate with Body  Body contains no Jewelry

Container:  Wood Casket  Cardboard  Metal  Cremation Container  \_\_\_\_\_

Teeth:  Natural  False  Plate

Signature of next of kin (Authorized Signer) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Funeral Director Gary Purse Phone 1-800-833-4551

**This authorization, fully signed and completed, must accompany casketed remains (excluding a plastic casket), and be delivered to the **Tri-County Cremation Services** together with a Board of Health, Burial Transit or other appropriate permit, before cremation can be performed.**

Date Cremated \_\_\_\_\_ Operator \_\_\_\_\_

Please ship cremains to (If other than Funeral Home): J. Gilbert Purse

Cremains Returned: Date \_\_\_\_\_ Via \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_