



Michigan's Finest
Since 1971

J. GILBERT
PURSE FUNERAL HOME

WWW.PURSEFUNERALHOME.COM

FUNERAL DIRECTORS

Gary Purse

Gil Purse
1939 - 2008

Frank Lennox
1911 - 2005

PROVISO

PLEASE READ CAREFULLY

NOTICE: This document has been prepared to assure that the person(s) contracting cremation or funeral services from J. Gilbert Purse FH and (MichiganFuneralHome.com) **UNDERSTAND & AGREES** to the information below.

(Name of Deceased)

(Date of Death)

Death Certificates

OUR FUNERAL HOME WILL FILE THE DEATH CERTIFICATE ELECTRONICALLY ASAP IN ALL CASES. ELECTRONICALLY FILED CERTIFICATES ARE USUALLY COMPLETED AND FILED IN A FEW DAYS. We will email you a FILE COPY when the death certificate is filed and is available for you to pick up at the city/county clerks office. Please note, that if you requesting the certified death certificates ASAP, we recommend that you purchase them directly from the clerk's office. Also, it is very important that you provide us with correct Vital Statistical information on our cremation forms. Additional fees are involved if a death certificate is incorrect and an amendment is required. We will not be held responsible for errors on the death certificate if incorrect, inadequate or illegible information is provided on our forms. **If you would like us to order certified copies of the death for you a convenience fee of \$30.00 in addition to the cost of the death certificates will apply to cover UPS Express & USPS Priority Tracking fees.**

The Cremation Process

A signed death certificate by the medical doctor is required before the cremation permit issued. The State of Michigan requires the county medical examiner to issue a cremation permit and the county medical examiner **WILL NOT** issue a cremation permit until the death certificate is signed. It is against the law to cremate a decedent without a cremation permit. Please note, **WE HAVE NO CONTROL OVER THE DOCTOR** who is to sign the death certificate & the county medical examiner who issues the cremation permit. Therefore, **PLEASE ALLOW US MINIMUM OF 5 (FIVE) TO 7 (SEVEN) BUSINESS DAYS TO COMPLETE THE CREMATION PROCESS.**

Personal Effects

J. Gilbert Purse Funeral Home accepts no responsibility for any personal effects that may be given to us by a third party (hospital, nursing home, medical examiner, ect.). Personal Effects may have been transferred to our funeral home with your loved one. If we are in possession of any personal effects we will return them to you if you wish. **Please note shipping costs will apply for larger items that are not able to ship with the cremains**

PROPERTY: (Please initial) Dispose of Effects: _____ Cremate with Decedent: _____

List Items to be returned (If present) _____

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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FAX COMPLETED DOCUMENTS TO FAX # 517-266-2750

GENERAL RELEASE FORM

Date: _____

Please release the decedent: _____

To: **J. GILBERT PURSE FUNERAL HOME**
2959 N. ADRIAN HWY ADRIAN, MI 49221
WWW.MICHIGANFUNERALHOME.COM

Signed: _____ Printed: _____

Relationship: _____ Phone: _____

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AUTHORIZATION FOR CREMATION

ARC Services, Inc.
37105 Industrial Road
Livonia, MI 48150
(734) 855-4523
FAX (517) 266-2750

Date _____

Funeral Home J. Gilbert Purse

Cremation No. _____

FAX COMPLETED DOCUMENTS TO FAX # 517-266-2750

J. Gilbert Purse Funeral Home WWW.MICHIGANFUNERALHOME.COM **1.800.833.4551**

The undersigned, does hereby authorize and request **Ascension Reflection Crematory** 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 (30) THIRTY days.

Pacemaker: YES NO ALL PACEMAKERS MUST BE REMOVED

Cremation Casket: CARDBOARD CASKET (included in our direct cremation price)

PLYWOOD CASKET (required for decedent over 300 LBS / additional fee will apply)

J. GILBERT PURSE F. H. & ARC CREMATORY ACCEPTS NO RESPONSIBILITY FOR ANY PERSONAL EFFECTS OR JEWELRY THAT ARE LEFT WITH THE DECEDENT FOLLOWING GIVEN PERMISSION TO TRANSPORT DECEDENT FOR CREMATION. ALL EFFECTS OR JEWELRY NOT REMOVED BY THE FAMILY BEFORE OUR TRANSPORT WILL BE ASSUMED TO BE CREMATED ALONG WITH THE DECEDENT.

Signature of Next of Kin (Authorized Signer) X _____ Relationship: _____

Address _____ City _____ State _____ Phone _____

Funeral Director _____ Phone _____

This authorization, fully signed and completed, must accompany casketed remains (excluding a plastic casket), and be delivered to the **ARC Services, Inc 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): _____

Cremains Returned: Date _____ Via _____

Received by: _____ Date _____



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DEATH CERTIFICATE INFORMATION FORM

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 (include maiden): _____

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

RELATIONSHIP _____ TELEPHONE _____ EMAIL _____

DISPOSITION OF CREMATED REMAINS (please check one):

_____ return to party listed above by USPS Priority Express (\$30.00 - Michigan Address Only)

_____ return to party listed above by USPS Priority Express (Outside of Michigan - Price to be Determined)

_____ will make arrangements to pick up at the crematory in Livonia, MI

_____ will make arrangements to pick up at the funeral home in Adrian, MI

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CREDIT CARD AUTHORIZATION

I, _____, hereby authorize the J. Gilbert

Purse Funeral Home (MichiganFuneralHome.com) to process the following credit card:

____ Visa ____ MasterCard ____ Discover ____ American Express

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

PHONE NUMBER _____

NAME OF CARDHOLDER _____

CARDHOLDER BILLING ADDRESS _____

EMAIL ADDRESS FOR A PAID RECEIPT _____

This card is to be used for the following:

- Cremation / Funeral Services for: _____
- PLEASE NOTE your card will only be processed for the AMOUNT QUOTED IN THE EMAIL that this form was attached to when paying by credit card.

Signature & Date _____

FAX COMPLETED FORM TO: 517-266-2750
OR EMAIL TO: pursefuneralhome@gmail.com

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