

MIDWEST DIRECT CREMATION

831 Maple Street #105
Homewood, IL 60430
888-496-1649

AUTHORIZATION FOR REMOVAL & DONATION OF HEART PACEMAKER

I/We, the undersigned, certify and represent that I/we have full legal right and authority to authorize removal of a heart pacemaker from the remains of

_____,
(Name of Deceased)

and hereby request and authorize _____
(Name of Funeral Home)

to do so. I/We further understand that the removed heart pacemaker will be disposed of as medical waste, as required by law or donated, whichever the family selects.

DISPOSE

DONATE

Signature _____

Print Name _____
(Relationship to Deceased)

Address _____

Signature _____

Print Name _____
(Relationship to Deceased)

Address _____

Witness _____
(Signature) (Print Name)