

**Marshall Funeral Home, Inc.**

**420 W. Grove St.**

**Greenville, Mi 48838**

**(616) 754-5691**

**FAX (616) 754-9101**

DATE

I, authorize the Marshall Funeral Home, Greenville to cremate the named  
deceased below and that I or we are the next of kin.

Name Deceased \_\_\_\_\_

Cause of death \_\_\_\_\_

Date of death \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Relationship \_\_\_\_\_