



Clear Choice Cremations Ltd.

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Authorization for Transfer of Deceased

AUTHORIZED REPRESENTATIVE CONFIRMATION

By signing below

I authorize the transfer of the deceased to Clayton's Crematorium in Quesnel, BC.

Name of Authorized Representative (Print): _____

Date: _____ Relationship to the Deceased: _____

Witnessed by Attendant (Print): _____

Signature: _____

All valuables such as jewelry have been removed: ☐ Yes ☐ No Explain:

Notification of Expected Death in the Home Form: ☐ Yes ☐ No Explain:

Notes: _____