

CREMATION CERTIFICATE

Crematorium Name: _____

Located at: _____

Business # (____) _____ Fax # (____) _____ E-mail _____

Name of Deceased: _____ Date of Birth: _____

Date of Death: _____ Place of Death: _____ Date of Cremation: _____

Name / Funeral Home: _____

Address: _____, _____, _____, _____
(Street Address) (City) (Province) (Postal Code)

Cremation Registration No: _____

I certify the human remains of the deceased have been cremated. The above information is consistent with the information on the Authorization to Cremate and Order for Disposition Form held in our custody.

Authorized Signature (Crematorium Technician)

Dated in _____, Saskatchewan, this _____ day of _____, 2____.