

Millennium Cremation Care
Certification of Next of Kin

*I, _____ hereby certify that I am
the closest living relative or next of kin of
_____, deceased.*

*I further certify that no other relative or party in
interest has objected to this cremation.*

Signature

Address

City State Zip

Relationship

Notary Public Section

*Subscribed and Sworn before me this
_____ day of _____, _____*

Notary Public

My Commission Expires _____

Affix Notary Seal