

Riverview Crematory

3968 Slocum Trail
Atkinson, North Carolina 28421
910-473-2273

Post Office Box 339
Wallace, North Carolina 28466

I, _____, _____ of _____
next of kin name relationship decease name

request her/his pacemaker and/or defibrillator to be removed prior to
cremation.

Date: _____