

Cremations A Simple Way

AUTHORIZATION FOR CREMATION AND DISPOSITION IDENTIFICATION OF DECEASED

Name of Decedent _____
 Date of death _____ Place of death _____ Sex _____ Age _____
 Did the Decedent die of natural causes Yes No Was the death caused by an infectious or contagious disease Yes No

I have read and understand this authorization and I warrant that my representatives and statements in it are true. I warrant that I am the legal next of kin and I have authority to control the final disposition of the decedent.

I, the undersigned, ("Authorized Representative") authorize Cremations A Simple Way, 324 Second Avenue South, Sauk Rapids, MN 56379 ("Crematory") to cremate the human remains identified below ("Deceased") and arrange for the disposition of cremated remains.

I understand a photograph of the deceased will be taken prior to cremation for identification purposes.

1. **MECHANICAL AND RADIOACTIVE DEVICES:** I certify that the deceased's body does not contain any implanted mechanical or radioactive devices, such as a heart pacemaker, radioactive or any other device that could harm the cremation chamber; except the following: _____
 I authorize the Crematory to remove an implanted mechanical or radioactive device I have disclosed or the Crematory discovers after accepting the body for cremation. I will be liable for any damage to the Crematory or it's personnel if I fail to notify the funeral director or other responsible to remove the devices.
2. **CREMATION CONTAINER:** If the body is delivered to the Crematory in a container inappropriate for cremation, I authorize the Crematory to place the body in an appropriate container for cremation and dispose of the inappropriate container at it's discretion.
3. **REPOSITIONING THE BODY:** I authorize the Crematory to open the cremation chamber and reposition the body to facilitate a thorough cremation.
4. **COMBUSTIBLE MATERIALS:** I authorize the Crematory to remove any noncombustible materials or items from the cremation chamber, separate them from the cremated remains and dispose of them at it's discretion.
5. **CREMATED REMAINS CONTAINER:** I acknowledge that the Crematory will mechanically reduce the cremated remains to a granulated appearance and place them in an appropriate container. I authorize the Crematory to place any remains that do not fit into the selected urn or container into a temporary container.
6. **COMMINGLED CREMATED REMAINS:** I acknowledge that the Crematory cannot recover all cremated remains' particles even with the exercise of reasonable care, and that some particles may inadvertently become commingled with disintegrated chamber material and other cremated remains' particles that remain in the cremation chamber or other mechanical devices the Crematory uses to process the cremated remains.
7. **FINAL DISPOSITION:** I direct the Crematory to dispose of the cremated remains as follows:
 Deliver to: _____
 I authorize the Crematory to deliver the cremated remains via insured or delivery services return receipt requested and agree to assume all liability for any damages or loss arising out of the delivery and hold the crematory harmless from all claims related to shipment.
 Other: (describe here) _____
8. **WITNESSING:** Only the Crematory's personnel and those listed here may witness the container being placed in the cremation chamber Please list any witnesses: _____
9. **LIABILITY LIMITATION:** I agree to indemnify and hold the Crematory and it's agents and employees harmless against all claims, action damages, including any legal fees and litigation expense, relating to the cremation and disposition of the cremated remains according to this authorization.

[SIGNATURE	Relationship to deceased
	Name	Date Phone
	Address	

[SIGNATURE	Relationship to deceased
	Name	Date Phone
	Address	

Signature of Funeral Director in Charge	Name of Funeral Home	Phone
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All necessary documents [Per Minn. Stat. 149A Subd.6] must accompany the body to the crematory. Cremation will be done in accordance with the time schedule of the crematory unless other arrangements are made. All cremations will be returned in a temporary (cardboard) container unless an urn is selected. For questions call 320-251-1454