LACANNE FAMILY
Celebration of life Center

LaCanne Family Celebration of Life Center Crematory
1000 Prospect Lane, Jackson, MN 56143
Minnesota Department of Health License No. 9115

CREMATION AUTHORIZATION

In compliance with Minnesota Regulation §149A.95, subd. 4.

This is a cremation authorization form granting permission to LaCanne Family Celebration of Life Center Crematory to cremate a dead human body. The person or persons signing this document declare that they have the authority to control the final disposition of the deceased person to be cremated and who is named below in accordance with Minnesota Regulation §149A.80.

NAME OF PERSON TO BE CREMATED:_____

DATE OF BIRTH: _____ **AGE**: _____ **DATE OF DEATH:** _____

The person or persons signing this document make the following statements and acknowledge being advised of the following:

1) I request and authorize LaCanne Family Celebration of Life Center Crematory to cremate the human remains of the deceased person named above in accordance with all applicable laws of the State of Minnesota.
2) I have legal control to authorize the final disposition and cremation of the deceased person named above in accordance with Minnesota Regulation §149A.80.
3) To the best of my knowledge, I attest that the body of the deceased named above does not contain an implanted mechanical or radioactive device. If a device is implanted, I authorize the device to be removed per Minnesota statute §149A.95, subd. 7.
4) I authorize the crematory named above to remove the body from the container in which it was delivered, if that container is not appropriate for cremation, and to place the body in an appropriate cremation container. The crematory named above may dispose of the original container in a lawful manner.
5) I understand that under Minnesota Statute §149A.95 subd. 5, the crematory named above may reasonably rely upon this authorization to cremate and that I shall hold it harmless from civil liability or criminal prosecution for any lawful actions performed by said crematory. I acknowledge that any misrepresentation of my authority to authorize this cremation is solely my responsibility for any liability, claims or damages associated with my misrepresentation and indemnify and hold harmless the crematory and its agents from any claims or damages.
6) I authorize the crematory named above to open the cremation chamber and reposition the body to facilitate a thorough cremation and to remove from the cremation chamber and separate from the cremated remains, any non-combustible materials, or items. The crematory may dispose of any noncombustible materials or items in any lawful manner unless specific instructions are attached to this form. Proceeds from recycled noncombustible materials will be donated to a local charity.
7) I acknowledge that the cremated remains will be mechanically reduced to a granulated appearance and placed in an appropriate container. I authorize the crematory to place any cremated remains that a selected urn or container will not accommodate, into a temporary container which should be released in the same manner as the original container as noted below in (9).
8) I acknowledge that, even with the exercise of reasonable care, it is not possible to recover all particles of the cremated remains and that some particles may inadvertently become co-mingled with disintegrated chamber material and particles of other cremated remains that remain in the cremation chamber or other mechanical devices used to process the cremated remains.
9) I direct the crematory named above to release the cremated remains in the following manner:

   9a) Return cremated remains to funeral home in: ☐ Plastic Container ☐ Urn Purchased from Funeral Home ☐ Family Urn Provided ☐ Keepsake Urns

   9b) Mail by Registered Postal Service to: _____

   9c) Release to: _____ Relationship: _____

   9d) Other: _____

NAME OF PERSON TO BE CREMATED: ____

DATE OF BIRTH: ______________________ **AGE:** _____ **DATE OF DEATH:** _____________________

PERSON(S) CLAIMING RIGHT TO CONTROL FINAL DISPOSITION

Name: ______________________________________ **Relationship to deceased**: ________________________

Address: ____________________________________ **City**: _________________ **State**: ______ **Zip**:________

Telephone: __________________________________ **Email**: ____

1) To the best of my knowledge, I (☐ do) (☐ do not) request an identification viewing of the decedent. _____ (initials)
2) I acknowledge that no one can witness the decedent being placed into the retort. _____ (initials)
3) I acknowledge that there (☐ will) (☐ will not) be a public or private viewing of the decedent before the cremation. _____ (initials)
4) I acknowledge and understand that cremated remains that are sheltered/stored at LaCanne Family Celebration of Life Center will be assessed a $50 monthly fee. _____ (initials)

Signature: ___________________________________**Date of Signature**: _____________________________

Name: ______________________________________ **Relationship to deceased**: ________________________

Address: ____________________________________ **City**: _________________ **State**: ______ **Zip**:________

Telephone: __________________________________ **Email**: ____

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Signature: ___________________________________**Date of Signature**: _____________________________

Name: ______________________________________ **Relationship to deceased**: ________________________

Address: ____________________________________ **City**: _________________ **State**: ______ **Zip**:________

Telephone: __________________________________ **Email**: ____

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Signature: ___________________________________**Date of Signature**: _____________________________

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Signature: ___________________________________**Date of Signature**: _____________________________

Signature of Funeral Director: ____________________________ License #: _________ Date: ______________