

## Disclosures

### Implants

Pacemakers, defibrillators, other implanted battery-powered devices may create a hazardous condition when placed in the cremation chamber and subjected to heat. Silicone implants may also damage crematory equipment and adversely impact the recovery and processing of cremated remains. As authorizing agent, I have listed on the reverse side all devices which may have been implanted in or attached to the decedent. Examples of implanted medical devices include, but are not limited to, the following: Pacemakers; Implantable Cardioverter Defibrillators (ICDs); Cardiac Resynchronization Therapy Devices (CRTDs); Implantable Drug Pumps; Neurostimulators (including for pain and functional electrical stimulation); Hydrocephalus Programmable Shunts; Fixion Nails; Bone Growth Stimulators; Any other battery powered implant; and Silicone Implants.

### Casket Or Alternative Container

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of crematory and funeral establishment personnel. The crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the authorizing agent(s) authorizes the removal of 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. And if unsuitable, the original container will be disposed of at the discretion of the funeral establishment. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment.

### The Cremation Process

The cremation of the decedent's remains may take place before or after ceremonies to memorialize the decedent. In the state of Minnesota, cremation is considered to be final disposition. Cremation is carried out by placing the decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the decedent in order to facilitate a complete and thorough cremation.

Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the crematory. The authorizing agent(s) understands that arrangements must be made with the funeral establishment to remove any such possessions or valuables prior to the time that the remains of the decedent are transported to the crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber and mechanical processor, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the authorizing agent(s) understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container. After the cremated remains have been processed, the remains will be placed in a standard temporary container by the crematory. The authorizing agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the crematory in a secondary standard temporary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth on the next page; provided, however, that the secondary container may not be designed for shipping.

### Minimal Care Services

If the representative has directed that the remains of the decedent are not to be embalmed or if a decision on embalming has not yet been made, the following list are the services that the representative is authorizing so that the remains may be privately viewed, identified, or reposed in a dignified and respectful manner. The following are a list of these minimum care services that are being authorized and may be done prior to the viewing of the deceased: Removal of exterior medical devices (hearing aids, dentures, IV tubing, catheter etc.); shaving the face and/or trimming facial hair; manicuring fingernails; closing incisions by sutures; closing the mouth and eyes; aspiration of the mouth and/or nasal cavity; and/or application of cosmetics.

**Funeral Home**  
Owned and Operated by  
Sinn Funeral Home, LLC



**Crematory**  
Owned and Operated by  
Sinn Family Celebration of  
Life Center Cremation, LLC

## Cremation Authorization

- This form is designed to comply with Minnesota Statute 149A.95, subd. 4, and must be completed and signed prior to the cremation of the decedent identified below.
- The person or person(s) signing this document declare(s) that they have the authority to control the final disposition of the decedent identified below, in accordance with Minnesota Statute 149A.80.
- Cremation is an irreversible and final process, and it is important that you understand the cremation process that is described on Page 4 of this form prior to signing it. Please read carefully and ask us any questions you may have.

### Decedent Identification

Name of Decedent: \_\_\_\_\_ DOB: \_\_\_\_\_ DOD: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Death: \_\_\_\_\_

*Please check the ID method used:*

- The authorizing agent(s) has viewed the remains and positively identified them as the body of the decedent (including at the time of transfer of the decedent into our care).

**OR**

- The authorizing agent(s) has authorized the funeral establishment to photograph the remains and the authorizing agent has positively identified the photograph as that of the decedent.

**OR**

- The authorizing agent(s) is declining to view the remains of the decedent.

*A wristband identifying the above named decedent will be attached to their body when they are brought into the care of the funeral establishment and will remain with them through the cremation process, at which point the wristband will combust. A metal ID tag with an number unique to the decedent will be attached to the cremated remains.*

### Authorizing Agent(s) Identification

**Funeral Establishment:** Sinn Family Celebration of Life Center  111 Apple Street East, Trimont, MN 56176

212 N Prairie St, Sherburn, MN 56171

214 N Dugan Street, Welcome, MN 56181

**Crematory:**  Sinn Family Celebration of Life Center Cremation, LLC - 111 Apple Street E, Trimont, MN 56176

**Other Crematory:** \_\_\_\_\_ **Address:** \_\_\_\_\_

*The Authorizing Agent(s) listed below authorizes the Funeral Establishment and Crematory set forth above to carry out the directions and instructions contained in this form.*

**Authorizing Agent:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*As authorizing agent, I represent that I have the legal right to authorize the cremation of the Decedent's remains and am marking one of the following statements accordingly:*

- I certify that I do not have actual knowledge of any living person who has a superior or equal right to act as the authorizing agent.

- I certify that there is another person(s) who has the equal right to authorize cremation of the above named decedent.

*A simple majority of NOK are required to authorize cremation in the state of MN. Attach Additional Signature Document, if needed, as required per MN Statutes 149.80.*

**Authorizing Agent:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## **Pacemakers, Implants, and Radioactive Treatments (See Disclosure on Page 4)**

To ensure the safety of the decedent and the crematory staff, we require your disclosure on any pacemakers, implants, or other implanted devices prior to the cremation process.

Please check one of the following statements:

- The remains of the decedent **DOES** contain an implanted mechanical or radioactive device, such as a heart pacemaker, that may create a hazard when placed in the cremation chamber.  
I authorize the device to be removed per Minnesota Statute 149A.95, subd. 7.

OR

- 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 such as a pacemaker that may create a hazard when placed in the cremation chamber. If a device is implanted, I authorize the device to be removed per Minnesota Statute 149A.95, subd. 7.

## **Casket or Alternative Container Selected (See disclosure on Page 4)**

- Minimum Rigid Container       Rental Casket       Other: \_\_\_\_\_

**\*If a rental casket will be used, please read the following disclosure:**

The authorizing agent understands and acknowledges that the rental casket to be used in the funeral services of the decedent may have been used previously by the funeral establishment. The authorizing agent further understands and acknowledges that immediately prior to the final disposition of the remains of the decedent, the funeral establishment will reclaim the rental casket and will remove the decedent and rental insert for cremation.

## **Recycling of Metal**

Following the cremation process, Sinn Family Celebration of Life Center Cremation, LLC, uses its best efforts to remove from the cremated remains non-combustible materials such as bridge dental work, implanted medical devices, and metal hinges, latches, and nails from the cremation container. Typically, the non-combustible material is disposed of as waste; however, in the case of certain metals that are part of an implanted device, such as titanium, third party companies will recycle this metal. With the express permission of the Authorizing Agent, this metal will be sent to a recycling company. The Authorizing Agent understands that Sinn Family Celebration of Life Center Cremation, LLC, will not profit from the recycling of metal. If funds are received by the crematory or funeral home from any metal recycled from cremations, the proceeds will be donated to local charities.

(Initial) \_\_\_\_\_ I/We authorize the Sinn Family Celebration of Life Center Cremation, LLC, to dispose of and/or recycle any non-combustible items including but not limited to hinges, screws, staples, metal prosthesis, or implanted medical devices.

(Initial) \_\_\_\_\_ I/We authorize the Sinn Family Celebration of Life Center Cremation, LLC, to donate any compensation from recycled materials to a charity of its choice.

(Initial) \_\_\_\_\_ I/We do NOT authorize the recycling of any non-combustible items. Dispose of in a non-recoverable manner.

## **Urn or Temporary Container**

The authorizing agent directs the funeral establishment to place cremated remains of the decedent in the specified urn listed below.

- Urn selected by the authorizing agent: \_\_\_\_\_  
 Standard temporary container provided by crematory  
 Urn provided by the family: \_\_\_\_\_

## **Fingerprints**

- YES, I would like the above named decedent's fingerprints taken for memorialization or ID purposes.  
▪ By checking the YES box, the representative authorizes the funeral home to obtain fingerprint(s) from the deceased for memorial purposes, with the understanding that the funeral home will make reasonable efforts to secure a quality print and is indemnified from any claims related to obtaining, using, or distributing the fingerprint(s).
- NO, I do not want the above named decedent's fingerprints taken for any reason.  
▪ After burial or cremation, the funeral home will no longer be able to obtain a fingerprint.

## **Personal Property**

All personal property and effects delivered with the remains of the decedent to the crematory, clothing, hair pieces, and dental bridgework, will be destroyed in the cremation process or otherwise discarded by the funeral establishment, in its sole discretion, unless specific instructions for delivery to authorizing agent are given below.

Items to be delivered to authorizing agent: \_\_\_\_\_

Items to be cremated with the decedent: \_\_\_\_\_

## **Plan for Cremated Remains**

Following completion of the cremation, the inurned cremated remains shall be released according to the instructions given on the written authorization to cremate. If the cremated remains are to be shipped, they must be securely packaged and transported by a method which has an internal tracing system available and which provides for a receipt signed by the person accepting delivery (USPS - Priority Mail Express). Where there is a dispute over release or disposition of the cremated remains, a funeral establishment may deposit the cremated remains with a court of competent jurisdiction pending resolution of the dispute or retain the cremated remains until the person with the legal right to control disposition presents satisfactory indication that the dispute is resolved.

If, after 30 calendar days following the inurnment, the cremated remains are not claimed or disposed of according to the written authorization to cremate, funeral establishment shall give written notice, by certified mail, to the person with the legal right to control the final disposition or a legal designee, that the cremated remains are unclaimed and requesting further release directions. Should the cremated remains be unclaimed 120 calendar days following the mailing of the written notification, the funeral establishment may dispose of the cremated remains in any lawful manner deemed appropriate. The authorizing agent shall be liable for the cost of such final disposition and shall reimburse the funeral establishment immediately upon receipt of an invoice.

**The funeral establishment will first retrieve the cremated remains from the crematory, THEN:**

The funeral establishment shall follow the written instructions below:

- Deliver to \_\_\_\_\_ Cemetery and arrange for burial, with / without family present.  
 Deliver or Release All Cremated Remains to: \_\_\_\_\_  
 The cremated remains are to be divided into portions which shall be placed into the urns or other containers selected by the authorizing agent. Release to each of the following individuals.

Name: _____	Relationship: _____	Portion: _____	Urn: _____
Name: _____	Relationship: _____	Portion: _____	Urn: _____
Name: _____	Relationship: _____	Portion: _____	Urn: _____
Name: _____	Relationship: _____	Portion: _____	Urn: _____

Mail the Cremated Remains using Priority Mail Express through the USPS to:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

## **Timing of Cremation / Private or Public Viewing**

**PUBLIC VIEWING** - Prior to the cremation of the Decedent, the Authorizing Agent(s) has arranged for a public visitation and/or funeral ceremony with the embalmed body of the decedent present as set forth below. After the viewing, the deceased is released for cremation.

**Date(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_ **Place of Ceremonies:** \_\_\_\_\_

**PRIVATE FAMILY VIEWING** - Prior to the cremation of the Decedent, the Authorizing Agent(s) has arranged for a private family viewing of the decedent and authorizes the minimal care services of the funeral home to get the decedent ready for viewing. By signing this authorization form below, the Authorizing Agent is approving all of the items that fall under minimal care that may be required to repose your loved one in a dignified manner. After the viewing, the deceased is released for cremation.

**Date(s):** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Place of ID Viewing:** \_\_\_\_\_

**NO VIEWING** - The deceased is released for cremation immediately. Cremation will occur when the appropriate authorizations and permits have been received by the appropriate authorities.

## **Authorization and Indemnification (See Disclosure on Page 4)**

As Authorizing Agent(s) I/We:

- Request and Authorize Sinn Family Celebration of Life Center (the funeral establishment) to work with the crematory designated on this form to cremate the remains of the decedent listed on the first page of this document.
- Certify that I/We have the authority and/or the legal right to control disposition (MN 149.80) and hereby acknowledge full understanding and approval of the cremation process. (Written Process on Page 4 available).
- I understand that under Minnesota Statute 149.95 subd. 5, the crematory named on page 1 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.
- The authorizing agent(s) agrees to indemnify and hold harmless the funeral establishment and the crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the funeral establishment and the crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the authorization.

**Signature of Authorizing Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Authorizing Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Funeral Director/Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_