SINN FAMILY
CELEBRATION OF LIFE CENTER
Funeral & Cremation Care

Locations:

111 Apple Street East
Trimont, MN 56176

212 N Prairie St
Sherburn, MN 56171

214 N Dugan Street
Welcome, MN 56181

Owned and Operated by Sinn Funeral Home, LLC

Authorization to Embalm

Name of Deceased: _____ DOD: _____ TOD: _____
Facility Performing the Embalming: ☐ Sinn Family Celebration of Life Center ☐ Other: _____
Address: ☐ 111 Apple Street E, Trimont, MN 56176 ☐ Other: _____

Authorizing Agent

Authorizing Agent: _____ Relationship: _____ Phone: _____
Address: _____

The above named agent is authorizing the funeral home to embalm the remains of the above named deceased.

The above named agent:

☐ Is the individual with the legal right to control the disposition of the decedent.
☐ Has been granted the right to control the final disposition by a written directive of the deceased.
☐ Is acting as an agent of the person with the right to control final disposition of the deceased.

*Name:*_____ *Phone:*_____

Verbal Embalming Authorization Given By: _____ *Date & Time:*_____
Funeral Director Requesting Verbal Authorization: _____

Embalming Disclosure

Except in certain cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with a viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it such as direct cremation or immediate burial. Embalming is required by MN Statutes 149A.91, subdivision 3 in the following circumstances, please check the applicable reason:

☐ *If the body will be transported by public transportation;*

☐ *If final disposition will not be accomplished within 72 hours after death or release of the body by a competent authority or the body will be lawfully stored for final disposition in the future;*

☐ *If the body will be publicly viewed; or,*

☐ *If so ordered by the commissioner of health for protection of the public health.*

Authorization

I, the undersigned, acknowledge that I have read and understood the above statement relating to the circumstances where embalming is required by law, I certify that, to the best of my knowledge, I have the right and authority to authorize the embalming of the deceased named above.

In providing this authorization, the agent acknowledges that embalming is not an exact science and that results may be adversely impacted by a number of factors, including, but not limited to the conditions under which the death occurred, time lapse between death and the onset of the embalming procedure, physical condition at the time of death, medications, especially analgesics administered prior to death, lifesaving procedures, cause of death, storage procedures of the releasing institution, natural elements, tissue/organ donations, and post-mortem (autopsy) examinations.

The undersigned authorizes the funeral home, its employees, independent contractors and agents, and/or interns, to care for, embalm and perform any reconstructive and post mortem derma surgery procedures and/or techniques they deem necessary and prepare the body of the decedent for burial or other disposition.

Signature of Authorizing Agent: _____ Date: _____

Ean Sinn ☐ M-4234 Other: _____ Signature: _____ Date: _____

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Personal Property & Fingerprint Authorization

Decedent Information

Name of Decedent: _____ DOB: _____ DOD: _____

Name of Representative: _____ Relationship: _____

Personal Property Plan

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. The Articles listed below are being authorized by the family of the deceased to be worn during a private family viewing, visitation, burial, or cremation, and by signing below, I am releasing the funeral home of any liability connected with the articles. This agreement is inclusive but not limited to fire, stolen or damaged articles, other acts of God, etc.

Items to be delivered to authorizing agent *(Indicate at arrangements or before closing the casket)***:**

_____

_____

_____

Items to be buried with the decedent:

_____

_____

_____

Signature of Representative Agreeing to Plan: _____ Date: _____

Fingerprint Approval or Denial

☐ **YES**, I would like the above named decedent's fingerprints taken for memorialization or ID purposes.

☐ **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.

Fingerprint Authorization

If the YES box is checked, the representative authorizes the funeral home to obtain from the remains of the decedent all of the items check marked above. The funeral home will use their best efforts to obtain a quality print or prints. The representative agrees to indemnify and hold harmless the funeral home from any claims or causes of action arising or related in any respect to the following: (1) the directions to obtain fingerprint(s) and/or handprint from the decedent; (2) the distribution or other use of the fingerprint(s) and/or handprint by the representative or his or her agents or other representatives.

Signature of Representative **Requesting** Prints: _____ Date: _____

Signature of Representative **Denying** Prints: _____ Date: _____

Funeral Director (Witness): _____ Date: _____