

**CREMATION AUTHORIZATION – ADDITIONAL SIGNATURE DOCUMENT**

In compliance with Minnesota Statue 149A.95, subd. 4.

**Riverstone Crematory  
1904 Vermillion Street, Hastings, MN 55033**

NAME OF PERSON TO BE CREMATED: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Mortician: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_