

CREMATION AUTHORIZATION

in compliance with Minnesota Regulation 149A.95, subd. 4.

Riverstone Crematory

1904 Vermillion Street, Hastings, Minnesota 55033

Minnesota Department of Health License No. MSE-18

This is a cremation authorization form granting Riverstone 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 Riverstone Crematory to immediately cremate the human remains of the deceased person named above in accordance with all applicable laws of the State of Minnesota and with all legal documentation.
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 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 benefit a charity of the crematory's choice.
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 comingled 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 ☐ Family Urn Provided
- 9b) Mail by Registered Postal Service to: _____
- 9c) Release to: _____ Relationship: _____

Further, I have read, understand and hereby represent and warrant the following:

(A) The death of the Deceased (please initial) ☐ WAS ☐ WAS NOT due to infectious or contagious diseases.

(B) That due to the nature of the cremation process, any valuable material including dental gold or any personal possessions not removed prior to the delivery of the Deceased to the crematory, will either be destroyed, recycled or not recoverable.

(B) That due to the nature of the cremation process, any valuable material including dental gold or any personal possessions not removed prior to the delivery of the Deceased to the crematory, will either be destroyed, recycled or not recoverable.

(C) I certify that the Deceased (please initial) ☐ DID ☐ DID NOT have a pacemaker or radiation producing implant or any life-sustaining device that could be a hazard. If such a device does exist, I authorize, at my expense, its removal from the deceased by the funeral director in charge prior to delivery for cremation.

(D) In the event of my failure to notify the crematory or funeral director of the death by infectious disease (paragraph A) or my failure to notify the funeral director responsible for the removal of any explosive device (paragraph C) I shall be liable for any damages to the Crematory or its personnel.

(E) If, within 30 days of inurnment, the cremated remains of said decedent are not disposed of as specified above, the cremated remains will be returned to the funeral home where a notice of unclaimed cremated remains will be sent by certified mail.

Monthly storage fees may be applicable.

(F) (Initial) ☐ The deceased is released for cremation immediately.

(Initial) ☐ The deceased is released for cremation after AM / PM on Date

Authority of Representative: I/We the undersigned, certify that I/we have the authority and/or the legal right to control disposition (MN Statute 149.A.80) and hereby acknowledge full understanding and approval of the cremation process. I/We authorize Riverstone Crematory to cremate and dispose of the cremated remains and non-combustible material as stated.

() Private viewing is desired before cremation and scheduled for _____AM/PM on _____

() Release to _____

() Deliver for final disposition to _____

Release. Hold Harmless. Indemnification and Agreement to Defend

In consideration, I/we agree to release, indemnify, hold harmless and defend Riverstone Crematory and the Funeral Home, their successors and assigns against any claim and/or liability asserted or incurred by them for anyone as a result of their relying on the information and representations made in this authorization or related to any accompanying document (except for willful or intentional misconduct).

NOTICE: This is a legal document that includes a release, indemnification, hold harmless and defense provision. Please review it carefully before signing.

Relationship of Authorizing Representative:

____ Spouse

____ Next of Kin (Closest Living Relative);

Relationship: _____

____ Personal Representative of Next of Kin

____ Other (state

authority): _____

Print Name _____ Signature _____

(X) _____

Address: _____

Witnessed by Funeral Director in

Charge _____

Signature of Additional Authorizing Persons:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Relationship to deceased: _____

Date of Signature: _____

Signature: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Relationship to deceased: _____

Date of Signature: _____

Signature: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Relationship to deceased: _____
Date of Signature: _____

Signature: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Relationship to deceased: _____
Date of Signature: _____

Signature: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Relationship to deceased: _____
Date of Signature: _____

Signature: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Relationship to deceased: _____
Date of Signature: _____

Signature: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Relationship to deceased: _____
Date of Signature: _____

Signature: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Relationship to deceased: _____
Date of Signature: _____

Signature: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Relationship to deceased: _____
Date of Signature: _____

Signature: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Relationship to deceased: _____
Date of Signature: _____

Signature: _____

(Attach "Additional Signature Document"(s), if needed, as required per Minnesota Statutes §149A.80)

Signature of Mortician: _____ License #: _____ Date: _____