ISBURG CREMATORY

450 7th Street – P.O. Box 487
Spearfish, SD 57783
(605) 642-2633 (Ph.) (605) 642-9361 (Fax)
office@isburgfuneralhomes.com – Email

I/We hereby request and authorize Isburg Funeral Homes and Isburg Crematory in accordance with and subject to its rules and regulations, to cremate, pulverize and inurn the body of:_____ Date of Birth:_____ who died at (Location) _____ at (Time) _____ on (Date) _____ , and certifies and represents that I/we have the right to give such authorization based upon our relationship to the decedent and agree to relieve Isburg Funeral Homes and Isburg Crematory from any liability whatsoever by virtue of the performance of such service and acknowledge that the cremains may be picked up from Isburg Funeral Homes and Isburg Crematory, or returned by Express Mail, with no guarantee of time of delivery by the U.S. Postal Service.

It is agreed that in the absence of specific instructions, the cremated remains will be forwarded to the funeral home in charge of the arrangements which under South Dakota Laws may be disposed of by said funeral home after thirty (30) days.

I/We acknowledge that cremation is an irreversible act and that positive identification has been determined by the undersigned.

I/We further state that if the deceased had a pacemaker implanted, radiation-producing implant device or any other life-sustaining device that could be explosive, I/we have instructed the funeral director or others to remove it before cremation.

I/We also agree that in the event of my/our failure to notify the funeral director or any others responsible for the removal of such device, I/we will be liable for any damages to the crematorium or injury to crematorium personal.

The undersigned agree that all prostheses (hip joints, surgical pins, etc.) will be discarded after the cremation process is completed and that gold inlays, fillings, partials or any artificial implants and other jewelry will lose their identity and will also be discarded. (_____) Initial here

The undersigned acknowledges that pulverizing of the cremains is part of the cremation process; however, some of the cremains may be recognizable as bone fragments.

The undersigned hereby authorizes Isburg Funeral Homes and Isburg Crematory to deliver the cremated remains via registered United States mail and agree to assume all liability for any damages that may arise from any causes growing out of said delivery and to indemnify and hold harmless Isburg Funeral Homes and Isburg Crematory from any and all claims related to said shipment.

I/We hereby agree to hold Isburg Funeral Homes and Isburg Crematory, its officers and employees, harmless from, and indemnify them from any liability, cost and expenses from this authorization. I further understand that this cremation process is subject to the terms and conditions on the remainder of this authorization and the provisions of existing South Dakota and Federal Law.

It is agreed that the body must be enclosed in a container suitable for cremation (fiberglass or metal containers are not acceptable) prior to the cremation process. If no container is provided by consumer a fiberboard combustible container is used.

I/We have read and understand the above agreement and acknowledge that the relationships shown below are correct and accurate. **I hereby authorize that I have the legal right to give permission to Isburg Funeral Homes and Isburg Crematory to perform said cremation on the above listed deceased.**

X_____ _____ _____ _____

Signature | Printed Name | Relationship | Date

_____ _____ _____

Address | City, State, Zip | Phone #

OTHER AUTHORIZED SIGNATURES:
(All children if spouse is deceased, or all brothers and sisters if no spouse, parents, or children.)

Signature	Printed Name	Relationship	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Funeral Home: _____
Funeral Director's Signature: _____
PERSON TO RECEIVE CREMATED REMAINS: _____**Relationship** _____

Signatures on this document must be witnessed by two individuals or a licensed funeral director.

Witness: _____ Witness: _____

Printed Name: _____ Printed Name:_____

Date of Birth: _____ Last Four Digits of SS#: _____ Date of Birth: _____ Last Four Digits of SS#: _____