

Kinkade FUNERAL CHAPEL

1235 Junction Ave

Sturgis, SD 57785

(605) 347-3336

office@kinkadefunerals.com

CREMATION AND DISPOSITION AUTHORIZATION

Name: _____ ☐ At-Need ☒ Pre-Arrangement _____ (Date)

Death Information: Date of Death: _____ Time of Death: _____ AM or PM _____

Place of Death: _____ City & State of Death: _____

- **Cremation will take place at the Kinkade Crematory OR alternative crematory if reasonably necessary (collectively hereafter referred to as the Crematory).**

1252 Pine St., Sturgis, SD 57785. Telephone: (605) 347-3336

- **This Authorization Form must be completed and signed prior to the cremation.**

Substitute forms are not acceptable. Legibly print or type all information requested except for signatures and initials.

- **Positive identification of the human remains is required.**

The Crematory will not accept human remains for cremation without proper identification.

A wrist-band or ankle-band with the decedent's name must be firmly affixed to the decedent.

- **Manner in which decedent's identity was verified. (To be completed after death.)**

_____ Manner

_____ Date Verified

- **THIS IS AN AUTHORIZATION TO CREMATE ONLY.**

A separate contract or contracts for the purchase of services and merchandise is required.

THIS MUST BE READ: Because cremation is irreversible it is important to understand the information on this form. Please ask any questions you may have about the cremation process, disposition, or this form before signing this authorization.

The Cremation Process: The Authorizing Agent(s) authorizes the casket or alternative container for cremation containing the decedent to be placed into the cremation chamber where they will be subjected to intense heat that reduces the human remains and container to bone fragments and metal (the temperature is not sufficient enough to consume them). Following a cooling period, the cremated remains (consisting of bone fragments and dust) and other non-combustible material is removed from the cremation chamber. Non-combustible material (in so far as is possible) such as hinges, latches, screws, and nails from the container; prostheses; jewelry; other metallic substances; and other non-combustible material will be separated and removed by visible and magnetic selection. Unless otherwise notified in writing, the Crematory is authorized to dispose of or recycle these removed metal materials with other such materials from other cremations in a non-recoverable manner. Recycling is through a non-profit implant recycling program organized and operated exclusively to generate financial support for a charity designated by the Crematory. Non-magnetic material too small to be readily seen may inadvertently be left with the cremated remains. These remains will be mechanically pulverized leaving granulated particles of unidentifiable dimensions and virtually unrecognizable as human remains. The cremated remains are placed into the designated urn or container.

Commingling: Although reasonable efforts are made to remove all of the cremated remains from the cremation chamber and processor, it is impossible to remove all of the dust and residue. Also, while every effort will be made to avoid commingling during the complete process, inadvertent and incidental commingling of minute particles of the cremated remains from residue of previous cremations is a possibility.

Funeral Home Representative accepting the authorization on behalf of the Crematory:

I presented the above to the Authorizing Agent(s) and answered any questions.

Authorizing Agent(s):

The above information was presented to me (us) and my (our) questions were answered. All Authorizing Agent(s) must initial below.

Print Name

Signature

Casket or Alternative Container for Cremation:

- The Crematory does not accept metal, fiberglass, rubber, or vinyl cremation containers.
- The remains of the decedent must be in a combustible casket or alternative container that is capable of being completely closed, resistant to leakage or spillage, sufficiently rigid to be handled easily, and provides protection for the health and safety of crematory personnel. The crematory will, at its discretion, remove from the container any non-combustible exterior parts (e.g., rails, handles, decorative material) prior to the cremation. These parts will be disposed of unless specific written instructions are given.
- The casket or alternative container will be consumed as part of the cremation process. Non-combustible residue (e.g., metal parts, nails, screws) from the casket or container will be destroyed or recycled unless specific written instructions are given by the Authorizing Agent(s).
- Crematory personnel are authorized to inspect the casket or alternative container, including opening it as necessary. If the delivered container is not appropriate for cremation, the crematory personnel will remove the decedent from that container and place the remains into an approved container. There will be additional charges for the transfer, the approved container, and the disposal of the unapproved container. The Authorizing Agent(s) acknowledges and authorizes this procedure and accepts the additional charges.

Pacemakers, Medical Devices, and Other Potentially Explosive Devices; Radioactive Implants; and Personal Property that might pose a hazard to the health and safety of crematory personnel and cause damage to the cremation container: At the THREE divisions choose ONE option and all Authorizing Agent(s) must initial.

1) Pacemaker, Medical Device, and Other Potentially Explosive Devices:

Pacemakers, defibrillators, morphine pumps, and other medical devices can create a hazardous condition when subject to intense heat. Other potentially explosive devices such as batteries, bullets and shells will damage the retort and create a hazardous condition. All such devices need to be removed before the cremation process begins. The Authorizing Agent(s) will acknowledge any such devices present, authorize the removal of such devices, and accept charges for the removal and safe disposition of such devices. **NOTE: It is a violation of federal law to ship pacemakers or defibrillators to another user without the proper license from the Food and Drug Administration.**

(NO) _____ To the best of my (our) knowledge, there is no pacemaker, morphine pump, battery powered device, or other potentially explosive device present in the decedent or in the container for cremation.

(YES) _____ Potentially explosive devices are listed below. I (we) instruct the Crematory to remove and dispose of or recycle such devices in a safe manner as I (we) have indicated. I (we) understand there may be a charge for the removal and safe disposition of such devices. Fill in requested information.

ITEM	DISPOSITION	ITEM	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____

2) Radioactive Implant and Other Radioactive Material:

Radioactive implants and other sources of radiation (e.g., high dose iodine I 131) may create a hazardous condition that can contaminate the retort chamber, the environment, and crematory personnel. In order to take proper precautions, the crematory must be notified of radiation sources **BEFORE** the human remains are delivered to the Crematory. The Authorizing Agent(s) acknowledges, authorizes, and accepts charges for additional required safety precautions (e.g., special required protective equipment, holding decedent until iodine is at acceptable levels, professional charges to remove the device, charges for safe disposition of the device).

(NO) _____ To the best of my (our) knowledge, there is no radioactive devices(s) or material present in the decedent or in the container for cremation.

(YES) _____ There is a radioactive implant or other radioactive material (e.g., high-dose iodine) present. The name of the decedent's doctor, his/her address, and a phone number are provided below. I (we) understand there may be a charge for the removal and safe disposition of such devices or material.

Fill in requested information. _____

3) Personal Property and Effects

Due to the nature of the cremation process, personal property, effects, and other material delivered with the decedent, including, but not limited to, clothing, jewelry, prostheses, hair pieces, dental-work, glasses, and personal mementos will be damaged or destroyed in the cremation process or will otherwise be discarded or recycled by the crematory, at its sole discretion, unless specific written instruction are given by the Authorizing Agent(s).

_____ Personal property, effects, and other material delivered with decedent will be cremated and destroyed.

_____ With the exception of the items listed below, personal property, effects, and other material delivered with the decedent will be cremated and destroyed. Fill in requested information.

Items To Be Removed _____
Disposition _____

Other Instructions: (Attach a separate page with additional instructions if the space below is insufficient) _____

Urn or Container:

- After the cremated remains have been processed, they will be placed into the urn(s) selected or provided by the Authorizing Agent(s).
- If the urn is to be shipped, it must be in an outer container approved for shipping (the Crematory can provide an appropriate container approved for shipping). Shipping charges will apply.
- If the cremated remains do not entirely fit into the urns(s) provided, the remainder will be put into another appropriate container.

Disposition of Cremated Remains:

- The Authorizing Agent(s) directs the Crematory to undertake the actions set forth below regarding the final disposition of the cremated remains. **Select one of the following.**
☐ Return to the family ☐ Return to the funeral home ☐ Deliver to the cemetery ☐ Mail (registered mail with return receipt)
- List name and mailing address of the family member, funeral home, cemetery, or other person: _____

- Other disposition instructions: _____

- **All Authorizing Agent(s) must initial.** _____

If the designated person does not call for the cremated remains within thirty (30) days after date of cremation and no other arrangements for final disposition are made the Crematory will send the cremated remains by registered mail with return receipt to the address provided. In the event this is unsuccessful the unclaimed cremated remains will be disposed of pursuant to SDCL 34-26A-23.

Certification and Indemnification: The Authorizing Agent(s) acknowledges that the Crematory is relying upon the representations being made by him/her/them in this authorization. The Authorizing Agent(s) certifies that all of the information and statements contained in this Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent(s) agrees to indemnify and hold harmless 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 Crematory's reliance on or performance consistent with the directions, statements, representations, and agreements contained in this Authorization, addendums, and attachments.

Authorizing Agent - **PRE-ARRANGEMENT**

I, the undersigned, hereby authorize and direct the Crematory to cremate my remains. **After reading, initial at each sentence.**

- _____ These instructions are to be followed upon my death irrespective of the wishes or instructions of any other person except _____, who I hereby appoint as a person authorized to cancel or revise the terms hereof pursuant to SDCL 34-26-77, or expressly revoked by me in writing (pursuant to SDCL 34-26A-37 thru 40), and I hereby direct and instruct my estate or survivors to indemnify and hold harmless _____, and the Crematory, their officers, directors, employees, and agents from any and all claims arising in any manner from the performance of these instructions.
- _____ I understand the cremated remains will be placed into the urn(s) I selected or into a container provided by the crematory.
- _____ I understand the above information and provisions regarding the cremation process; witnesses; casket or alternative container for cremation; pacemakers, medical devices, other potentially explosive devices, radioactive implants, and personal property; other instructions; urn or container; and certification and indemnification.
- _____ Questions I had were answered.
- _____ Persons authorized to witness the cremation are listed on the attached Cremation Witness Form.
- _____ To the best of my knowledge, all statements and information contained in the authorization are accurate.

NOTE: Powers-of-attorney are only effective prior to death. In order for a power-of-attorney to be relied upon to authorize cremation prior to death, it must have specific authorization for directing final disposition. Attach a copy of the power-of-attorney to this form.

NAME AND SIGNATURE OF AUTHORIZING AGENT:

Executed at _____, this _____ day of _____, 20_____.
Name: _____ **Signature:** _____
Full Address: _____
Phone Number: _____

NAME AND SIGNATURE OF WITNESS: (2 WITNESSES REQUIRED PURSUANT TO SDCL 34-26A-38)

Name: _____ **Signature:** _____ **Date:** _____
Name: _____ **Signature:** _____ **Date:** _____

Authorizing Agent(s) --- At-Need Arrangement:

- I (we) represent that I (we) have the right to authorize the cremation of the above named Decedent, pursuant to SDCL 34-26-74 or SDCL 34-26-75. If there is another living persons(s) who has a superior or equal right to act as Authorizing Agent(s), I (we) have made reasonable efforts to contact him/her/them, but have been unable to do so. I (we) have no reason to believe that he or she, or a majority of them, would object to the cremation of the decedent's remains. His/her/their names are listed below:
- _____
- _____

NUMBER OF AUTHORIZING AGENTS SIGNATURES REQUIRED TO COMPLETE THIS FORM? _____

- I (we) authorize the delivery of the decedent's remains to the Crematory for the purpose of performing the cremation process as stated in this authorization.
- I (we) understand the cremated remains will be placed into the urn(s) I (we) selected or into a container provided by the crematory.
- I (we) understand the above information and provisions regarding the cremation process; witnesses; casket or alternative container for cremation; pacemakers, medical devices, other potentially explosive devices, radioactive implants, and personal property; other instructions; urn or container; and certification and indemnification.
- Questions I (we) had were answered.
- Persons authorized to witness the cremation are listed on the attached Cremation Witness Form.
- To the best of my knowledge, all statements and information contained in the authorization are accurate.

Name and Signature of Authorizing Agent(s):

Executed at _____, this _____ day of _____, 20____.

Name: _____ **Signature:** _____

Full Address: _____

Phone Number: _____ Relationship: _____

Name: _____ **Signature:** _____

Full Address: _____

Phone Number: _____ Relationship: _____

Name: _____ **Signature:** _____

Full Address: _____

Phone Number: _____ Relationship: _____

Name: _____ **Signature:** _____

Full Address: _____

Phone Number: _____ Relationship: _____

Name: _____ **Signature:** _____

Full Address: _____

Phone Number: _____ Relationship: _____

Name: _____ **Signature:** _____

Full Address: _____

Phone Number: _____ Relationship: _____

Use the **ADDITIONAL AUTHORIZING AGENTS** page for additional required signatures.
The page(s) will be attached to and become a part of this authorization.

Cremation Witness Form

Witnesses: Pursuant to SDCL 34-26A-17; Unauthorized persons are not permitted in crematory area. Witnessing a cremation can be an emotional experience. To the extent permitted by the crematory, persons listed as witnesses are authorized to be present in the cremation room prior to and during the cremation process stated above. **NOTE:** There may be an additional charge to have witnesses present.

Choose one of the following options and all Authorizing Agent(s) must initial.

_____ As Authorizing Agent(s) I (we) **allow no witnesses.**

As Authorizing Agent(s) I (we) **allow the following named individual(s)** to witness the cremation process in full or in part to the extent permitted by the crematory (Print the names of each witness below).

Each witness is required to read and sign the Cremation Witness Acknowledgment form at the crematory before entering the cremation room.

[illegible]