

**Sunset Memorial Crematory of Minot**

210 62<sup>nd</sup> Ave. NW

Minot, North Dakota 58703

Phone 701-838-1741

Fax 701-839-5173

This authorization form is to comply with the cremation requirements of the State of North Dakota. This form grants permission to the crematory named above to cremate a dead human body. The person(s) signing this document declare(s) authority to control the final disposition of the deceased person named below.

**Name of Deceased:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_ **I.D. #** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of Death:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

The person(s) signing this form below make(s) the following statements and/or acknowledge(s) being advised of the following:

- 1) I request and authorize the crematory named above to cremate the human remains of the deceased person named above in accordance with all applicable laws of the State of North Dakota.
- 2) I have legal control to authorize the final disposition and cremation of the deceased person named above.
- 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, such as a heart pacemaker, that may create a hazard when placed in the cremation chamber. If a device is implanted, I authorize the device to be removed. **Devices removed Yes or No**
- 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 named above may dispose of the original container in a lawful manner as they see fit.
- 5) 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 noncombustible materials or items. The crematory may dispose of any noncombustible materials or items in any lawful manner as they see fit, unless specific instructions are attached to this form.
- 6) I acknowledge that the cremated remains will be mechanically reduced to a granulated appearance and placed in an appropriate container. I authorize the crematory named above to place any cremated remains that a selected urn or container will not accommodate into a temporary container to be disposed of in the same manner as the original container as noted below in (8).
- 7) 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 commingled 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.
- 8) That due to the nature of the cremation process, any valuable material including dental gold, or any personal possessions of the Deceased that have not been removed prior to the delivery of the remains to the Crematory will either be destroyed or not be recoverable.
- 9) I/We agree to indemnify and save harmless the Sunset Memorial Crematory of Minot, its employees and agents, from any and all liability, costs, expenses, claims, or demands, arising in connection with this authorization (except for willful or intentional misconduct).
- 10) **It is the policy of Sunset Memorial Crematory of Minot to only accept human remains from a Licensed Funeral Home.**
- 11) I direct the crematory named above to release the cremated remains in the following manner:
  - Return to \_\_\_\_\_ Funeral Home, in charge of the final disposition.
  - Ship by Priority Express Mail to: \_\_\_\_\_
  - After return from the crematory, urn to be release to:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PERSON(S) CLAIMING RIGHT TO CONTROL FINAL DISPOSITION**

(Attach "Additional Signature Document"(s), if needed, as required)

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: _____