

CREMATION AUTHORIZATION FORM**Identification**

Name of Decedent: _____ Sex: _____ Age: _____

Place of Death: _____ Date & Time of Death: _____

City, State & County: _____

Name of Funeral Home: _____

Address: _____

City/State/Zip code: _____

Phone Number: _____

Pacemaker: Yes _____ No _____ Contagious Disease: Yes _____ No _____

Medical Implants: Yes _____ No _____ (If so, specify: _____)

Authorizing Agent(s) Initials: _____

BEFORE CREMATION TAKES PLACE

- All necessary authorizations have been obtained, and no objections have been raised.
- Civil and medical authorizations must have issued all required permits.
- A Cremation Permit (Burial Transit Permit marked "cremation") from the Department of Vital Statistics must accompany this form.
- The twenty-four (24) hour mandatory state waiting period must have expired
- Any scheduled viewings or ceremonies with the body present must have been completed.
- The funeral home (or director) shall be aware if the decedent has any mechanical or radioactive devices or implants (such as pacemakers), as they may have to be removed prior to cremation. If such devices or implants should have been removed and were not, then the Authorizing Agent(s) will be responsible for any damages caused to the crematory or crematory personnel by such devices or implants.
- **All personal possessions or valuable materials, such as jewelry, dental gold, etc... if so desired, should be removed by Authorizing Agent(s) or Funeral Establishment prior to delivery to the Crematory.** As the cremation container WILL NOT normally BE OPENED by Dakota Cremation Services (to remove valuables, to allow for a final viewing or for any other reason), arrangements must be made to remove such possessions or valuables prior to the delivery to the crematory. If not removed from the container prior to delivery, said items will be destroyed during the cremation process and disposed of, unless specifically listed and instructed otherwise on reverse side of this form.
- The crematory shall be notified prior to arrival, of anyone wishing to witness the container being placed in the cremation chamber. Any such witnessing shall require a written waiver or hold-harmless agreement signed by the witness and the Authorizing Agent(s). Dakota Cremation Services reserves the right to charge an additional fee to accommodate such special requests.

CREMATION CONTAINER

Remains must be placed in a container for cremation. Such containers must meet the following standards: 1) be composed of combustible materials; 2) provide complete covering of the body; 3) be Resistant to Spillage or Leakage; 4) be rigid for handling with ease; 5) be able to provide protection for the safety of the crematory personnel. (Dakota Cremation Services reserves the right to remove the said decedent if delivered in an unapproved container for cremation. Charges will apply for the transfer, the approved container and disposal of the unapproved container) Steel caskets are inappropriate for the cremation equipment, and WILL NOT be accepted. Any decorative handles, rails, or latches that are noncombustible and could cause damage to the cremation equipment will be removed and disposed of by the crematory. The Authorized Agent(s) and Funeral Home acknowledges and will accept the above charges if applicable.

THE CREMATION: PROCESSING OF THE REMAINS

- All cremations are performed individually.
- Cremation begins by placement of the cremation container in the cremation chamber where it is subject to intense heat and flame. During the cremation process it may be necessary to open the cremation chamber and reposition the remains in order to facilitate a complete and thorough cremation.

DAKOTA CREMATION SERVICES

- Through the use of suitable fuel, incineration of the container and contents is accomplished and all substances are consumed and driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other nonhuman material) as the temperature is not sufficient to consume them. The time for cremation to be completed varies with the size and weight of each human remains, but generally requires 1.5 to 3 hours.
 - Certain items, including, but not limited to, body prostheses, medical devices, dentures, dental bridgework, dental fillings, jewelry, artificial eyes and other personal articles and property accompanying the remains of the Decedent, will be destroyed during the cremation process and shall become the property of the Crematory and the Authorizing Agent(s) authorize the Crematory to dispose of the same as Crematory deems appropriate.
- Authorizing Agent(s) Initials:** _____
- Following a cooling period, the cremated remains are swept or raked from the cremation chamber. Every effort is made to remove all of the cremated human remains from the chamber. However, a small residue, or dust, may remain in the cremation chamber, resulting in incidental or inadvertent commingling of minute particles of cremated remains with other previous cremations.
 - After the cremated remains are removed from the chamber, all noncombustible materials (not previously removed) insofar as possible, will be separated and removed from the bone fragments by visible and magnetic selection and will be disposed of by the crematory in a non recoverable manner.
 - Because the skeletal remains often contain recognizable bone fragments, they are mechanically processed (pulverized) or reduced in size to uniform particles. This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. The processed cremated remains, depending on the bone structure of the decedent will weigh between 4 to 8 pounds, and are usually white in color, but can be other colors due to temperature variations and other factors. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.
 - If an urn or other container is not provided to the crematory, or is insufficient in size to accommodate all the remains, the crematory will place the remains, or any excess, in a temporary container made of plastic or cardboard. Any receptacle containing excess cremated remains will be kept with the primary receptacle and handled according to the Disposition Instructions, below. It is recommended that any urn or container supplied to the crematory be a minimum of 200 cubic inches.

LIMITATION OF LIABILITY

As the Authorized Agent(s), I (we) agree to indemnify and hold harmless the crematory, it's officers, agents and employees, from any claims or suits of every kind and nature, in law or equity, including legal fees and expenses of litigation. The obligations of Dakota Cremation Services shall be limited to the cremation of the decedent as specified herein and the disposition of the decedent's cremated remains as authorized herein. No warranties, either expressed or implied are made and damages shall be limited to the amount of the cremation fee paid to Dakota Cremation Services.

Authorizing Agent(s) Initial: _____

DISPOSITION INSTRUCTIONS

Following the cremation and processing of the cremated remains, the crematory will arrange for the return of the cremated remains to the contracted Funeral Establishment. If the Authorizing Agent(s) chooses to ship cremated remains or release to a designated person, the Authorizing Agent(s) hereby authorizes the crematory or funeral establishment to release, deliver, transport, or ship the cremated remains as specified. The Authorizing Agent(s) is responsible for the disposition of the cremated remains and no remains will be accepted without Instructions for final disposition.

Check one of the following:

SHIP TO: _____
(Name of Individual to receive Cremation Remains) Mailing Address City St/Zip
(Shipping of cremated remains done via USPS, Registered Mail. Authorizing Agent agrees to assume all liability that may arise from such shipment, and to indemnify and hold the Crematory and Funeral Home harmless from any and all claims related to shipment.)

RELEASE TO DESIGNATED FUNERAL HOME OR AUTHORIZED AGENT: _____

The cremation, processing, and disposition of the Decedent authorized herein shall be performed in accordance with the governing laws, rules, regulations, and policies of the Crematory and Funeral Establishment, and the following terms and conditions.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING DECEDENT TO DAKOTA CREMATION SERVICES. *Mechanical or radioactive devices implanted in the remains of the Decedent (such as Pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not accept for cremation, any remains which contain such devices. In the event the remains of the Decedent contain such device(s), I/we hereby authorize the funeral establishment, its agents and employees, to remove said device(s) and dispose of same at their discretion.*

(Dakota Cremation Services reserves the right to charge a \$50 fee to remove pacemakers.)

WE CANNOT GUARANTEE THE RETURN OF PERSONAL ITEMS LEFT ON A DECEDENT. ALL PERSONAL PROPERTY (JEWELRY, CLOTHING, ETC.) THAT IS **NOT TO BE CREMATED** MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO DAKOTA CREMATION SERVICES. PERSONAL PROPERTY LEFT ON THE BODY WILL BE DESTROYED AND DISPOSED OF DURING THE CREMATION PROCESS.

I/We, the undersigned (the "Authorizing Agent(s)") hereby authorize the cremation, processing, and disposition of the decedent listed above by Dakota Cremation Services ("the Crematory") in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations. I/We hereby request and authorize the Funeral Establishment listed above to take possession of, make arrangements for, and deliver the decedent to the Crematory, for cremation. As the Authorizing Agent(s), I/We hereby agree to indemnify, defend, and hold harmless the Crematory and Funeral Establishment, their officers, agents, and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including failure to properly identify the Decedent or the human remains transmitted to Dakota Cremation services, the processing, shipping and final disposition of the Decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, and damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by the Crematory, the designated Funeral Establishment, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. I/We, the undersigned hereby certify that I/We are the closest living relative, next of kin of the Decedent, or that I/WE otherwise serve in the capacity of a legal representative to the decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power according to the laws of the state, to execute the authorization for and to arrange for the cremation and disposition of the cremated remains of the Decedent. Unless otherwise stated, I/We are not aware of any person(s) with a superior or equal priority right. If such a person(s) exists, I/We have made all reasonable efforts but failed to contact that person(s) and believe such person(s) would not object to the cremation. Furthermore, I/We am aware of no objection to this cremation by any spouse, child, parent, or sibling.

MUST READ PRIOR TO SIGNING

The undersigned Authorizing Agent(s) agree to all terms and conditions contained in the Cremation Authorization Form.

Executed at: _____ This day of: _____

Printed Name: _____ Signature: _____

Address: _____

Relationship: _____ Telephone #: _____

ADDITIONAL SIGNATURES

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

[List all additional Authorizing Agents on separate sheet and attach.]

REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and/or agent/employee of the designated Funeral Establishment indicated on the Cremation Authorization Form, I warrant to the best of my knowledge the following:

- 1) Our Funeral Establishment was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this form with them.
- 2) That no member of our Funeral Establishment has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
- 3) That the human remains delivered to Dakota Embalming & Transport Services, Inc. and represented as the human remains specified on this form, are in fact the human remains that were identified to our Funeral Home as the decedent.
- 4) That our Funeral Establishment obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached, or have been delivered to the crematory.
- 5) That the remains of the decedent do not contain any type of implanted mechanical or radioactive device, and is therefore safe to be cremated.
- 6) That all personal property that is not to be cremated has been removed.

Licensed Funeral Director Signature

License Number