

ALKALINE HYDROLYSIS AUTHORIZATION-ADDITIONAL SIGNATURE DOCUMENT

In compliance with Minnesota Regulation §149A.941, subd. 12.

Metro First Call Alkaline Hydrolysis
12600 Creek View Ave., Savage, MN 55378
Minnesota Department of Health License No. 9094

NAME OF PERSON TO BE HYDROLYZED: _____

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: _____

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Signature: _____

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

Signature: _____

Signature of Mortician: _____ License #: _____ Date: _____
Funeral Home: _____ City: _____ State: _____