## CREMATION AUTHORIZATION- ADDITIONAL SIGNATURE DOCUMENT

In compliance with Minnesota Regulation §149A.95, subd. 4.

## Metro First Call Crematory 12600 Creek View Ave., Savage, MN 55378 Minnesota Department of Health License No. 9075

NAME OF PERSON TO BE CREMATED: \_\_\_\_\_

Name: \_\_\_\_\_\_ Address: \_\_\_\_\_\_ Address: City: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_Zip: \_\_\_\_\_ Telephone: Telephone: Relationship to deceased: Relationship to deceased: Date of Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_ Signature: Signature: Name: \_\_\_\_\_ Address: \_\_\_\_\_\_ Address: \_\_\_\_\_\_ City: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: Zip: Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to deceased: Relationship to deceased: Date of Signature: Date of Signature: Signature: Name: \_\_\_ Name: \_\_\_\_\_ Address: Address: City: \_\_\_\_\_ City: \_\_\_\_\_Zip: \_\_\_\_\_ \_\_\_\_\_Zip: \_\_\_\_\_ State: State: Telephone: \_\_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to deceased: Relationship to deceased: \_\_\_\_\_\_ Date of Signature: Date of Signature: \_\_\_\_\_ Signature: Signature: Signature of Mortician: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_