

# CREMATION AUTHORIZATION

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

This is a cremation authorization form granting permission to Metro First Call Crematory to cremate a dead human body. The person or persons signing this document declare that they have the authority to control the final disposition of the deceased person to be cremated and who is named below in accordance with Minnesota Regulation §149A.80.

NAME OF PERSON TO BE CREMATED: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

**The person or persons signing this document make the following statements and acknowledge being advised of the following:**

- 1) I request and authorize Metro First Call Crematory to cremate the human remains of the deceased person named above in accordance with all applicable laws of the State of Minnesota.
- 2) I have legal control to authorize the final disposition and cremation of the deceased person named above in accordance with Minnesota Regulation §149A.80 .
- 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. If a device is implanted, I authorize the device to be removed per Minnesota statute §149A.95, subd. 7.
- 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.
- 5) I understand that under Minnesota Statute §149A.95 subd. 5, the crematory named above may reasonably rely upon this authorization to cremate and that I shall hold it harmless from civil liability or criminal prosecution for any lawful actions performed by said crematory. I acknowledge that any misrepresentation of my authority to authorize this cremation is solely my responsibility for any liability, claims or damages associated with my misrepresentation and indemnify and hold harmless the crematory and its agents from any claims or damages.
- 6) 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 non-combustible materials or items. The crematory may dispose of any noncombustible materials or items in any lawful manner, unless specific instructions are attached to this form. Proceeds from recycled noncombustible materials benefit MN Adult and Teen Challenge®.
- 7) I acknowledge that the cremated remains will be mechanically reduced to a granulated appearance and placed in an appropriate container. I authorize the crematory to place any cremated remains, that a selected urn or container will not accommodate, into a temporary container which should be released in the same manner as the original container as noted below in (9).
- 8) 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 comingled 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.
- 9) I direct the crematory named above to release the cremated remains in the following manner:
  - 9a) Return cremated remains to funeral home in: \_\_\_ Cardboard Container \_\_\_ Plastic Container \_\_\_ Family Urn Provided
  - 9b) Mail by Registered Postal Service to: \_\_\_\_\_
  - 9c) Release to: \_\_\_\_\_ Relationship: \_\_\_\_\_
  - 9d) Other: \_\_\_\_\_

**PERSON OR PERSONS CLAIMING RIGHT TO CONTROL FINAL DISPOSITION**

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: \_\_\_\_\_

(Attach "Additional Signature Document"(s), if needed, as required per Minnesota Statutes §149A.80)

Signature of Mortician: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_