

Macken Colonial Cremation Services, Inc.

1111 11 ½ Street SE, Rochester, MN 55904 Ph. (507) 282-1075 Email: macken@mackenfuneralhome.com

Authorization for Cremation

This authorization form is to comply with the cremation requirements of Minnesota Statutes 149A.95, subd. 4. 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 in accordance with Minnesota Statutes 149A.80.

Name of Deceased: _____ Date of Death: _____

Place of death: _____ Age: _____

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 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.
- 3) To the best of my knowledge, I attest the body of the deceased named above **does** **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 per MN Statutes 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 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.
- 7) I acknowledge that, even with the reasonable care, it is not possible to recover all particles of the cremated remains and that some particles may inadvertently become commingled with the 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) I direct the crematory named above to use the following urn/receptacle & release the cremated remains in the following manner.

Funeral Home Provided Urn/Receptacle (Description) _____

Family Provided Urn/Receptacle (Description) _____

Release to: Name (print): _____
Relationship: _____

Ship via Postal Express Mail or Delivery Service to: _____
(No P.O. Boxes accepted) _____

Other: _____

We **strongly** urge you to personally pick up cremains from Macken Colonial Cremation Services Inc. and transport them to their destination. When shipping cremains via USPS or a commercial delivery service, Macken Colonial Cremation Services Inc., will not be held responsible for any delays or cremains lost in transit.

Due to insurance requirements, Macken Colonial Cremation Services Inc., will not be held responsible for cremains left at our facility unless special arrangements have been made.

(See back of form)

PERSON(S) CLAIMING RIGHT TO CONTROL FINAL DISPOSITION

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

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: _____

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: _____

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: _____

Remains received by: Name (print): _____ Relationship: _____

Signature: _____ Date: _____

Signature of Mortician: _____ License No. _____ Date Signed: _____