



AUTHORIZATION FOR CREMATION AND DISPOSITION

This authorization form is to comply with the cremation requirements of Minnesota Statutes 149A.95 subd. 4. This form grants permission to Lakewood Crematory 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. In the event that multiple persons have the right to control final disposition, each person shall execute this Authorization.

Henry W. Anderson Mortuary

Funeral Home Establishment:

Date of Death:

Name of Deceased:

Age at Death:

In signing this Authorization, I agree as follows:

1. I request and authorize Lakewood 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.

3. To the best of my knowledge, I attest that the body of the Deceased 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 understand the device will be removed as required by Minnesota Statute §149A.95, subd.7. Prior to delivery to Lakewood.

4. I understand that any personal possessions or items accompanying the Deceased (including, for example, jewelry, hinges, latches, nails, body implants and prostheses, dentures, dental bridgework, dental fillings) may be destroyed during the cremation process if not removed prior to cremation.

5. If the container used to deliver the Deceased is not appropriate for cremation, I authorize Lakewood to remove the Deceased therefrom and to place the Deceased in an appropriate cremation container. Lakewood may dispose of the original container in any lawful manner.

6. I understand that under Minnesota Statute §149A.95, subd.5, Lakewood 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 in good faith by Lakewood.

7. I authorize Lakewood 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. Lakewood may dispose of any noncombustible materials or items in any lawful manner, unless specific instructions otherwise are provided.

8. I acknowledge that the cremated remains will be mechanically reduced to a granulated appearance and placed in an appropriate container. I authorize Lakewood to place any cremated remains that a selected urn or container will not accommodate into a temporary container.

9. I authorize Lakewood to separate any remaining nonbiological items from the Deceased and dispose of such items in accordance with Lakewood policy, including, but not limited to packaging and shipping the items to be recycled, in compliance with state and Federal law. I further acknowledge that Lakewood will donate to charity any compensation received for recycling of nonbiological items and that no person is entitled to any remuneration from recycling.

10. 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 commingled 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.

Lakewood offers a viewing room for families who would like to be present to witness the casket as it enters the cremation chamber.

Will witness Will not witness

I direct Lakewood to release the cremated remains (including any remains placed in a temporary container) in the following manner:

Return to the funeral home in: Temporary Plastic Urn Provided Urn

Divide cremated remains into: _____ #Portions _____ #Full Size and _____ #Keepsake Urn(s)

Special Instructions:

Release to: _____ Relationship: _____

Ship by Registered Postal Service to: (Note: a shipping and handling fee covering tracking and insurance will be added.)

Name Phone

Address

City, State and Zip

Person(s) with legal right to control final disposition:

Name
Relationship to the deceased
Address
City, State, Zip
Phone
Signature
Date of Signature

Name
Relationship to the deceased
Address
City, State, Zip
Phone
Signature
Date of Signature

Name
Relationship to the deceased
Address
City, State, Zip
Phone
Signature
Date of Signature

Name
Relationship to the deceased
Address
City, State, Zip
Phone
Signature
Date of Signature

In the event that multiple persons have the right to control final disposition, each person shall provide the information above and agree to the conditions specified herein.

Signature of Mortician: Lic. Number Date:

To be completed
by Lakewood:

Cremation # Cremation Date:



LAKWOOD

CEMETERY • CREMATION • COMMEMORATION

612-822-2171 | 3600 Hennepin Ave. Minneapolis, MN 55408