

RANGE FUNERAL HOME

CREMATION AUTHORIZATION- ADDITIONAL SIGNATURE DOCUMENT

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

911 16th Street North
P.O. Box 4
Virginia, Minnesota 55792
218-741-1481

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

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: \_\_\_\_\_

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