

CREMATION AUTHORIZATION FORM

I, (We), the undersigned, (the "Authorizing Agent(s)") authorize and request RANGE FUNERAL HOMES, its staff, or agents to cremate the dead human remains of _____ in accordance with and subject to any applicable state and local laws or regulations and to arrange for the release, delivery, transport, shipping, and storage of the decedent's cremated remains, as set forth on this form.

I, (We), have _____ have not _____ identified the human remains at the funeral home as the decedent, and have authorized Range Funeral Home or its Agents to deliver the decedent to a crematory for cremation. Initials _____

I, (We), understand that due to the nature of the cremation process, any valuable material, including dental gold, will be destroyed or not recoverable. Any personal possessions accordingly, have _____ have not _____ been removed. Initials _____

I, (We), state that the decedent's remains contains no implanted medical device, such as a pacemaker, radioactive implant or any other device that could be harmful to the crematory. I, (We), have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation. I, (We), agree that failure to notify the funeral director or others responsible for removal of such a device, I, (We) will be liable for any damages to the crematorium or injury to crematorium personnel. Initials _____

I, (We), further agreed that, after the cremation has taken place and the processed cremated remains have been placed in the designated receptacle, final disposition has been completed and that Range Funeral Home, its agents, and employees have completed their responsibilities.

The following disposition of the cremated remains is requested:

____ RELEASE TO: _____
____ SEND TO: _____ VIA: _____
____ ADDRESS _____
____ SCATTER AT: _____
____ CREMATED REMAINS ACCEPTED BY: _____ DATE: _____

If I, (We), the undersigned, do not call for or accept the decedent's cremated remains within sixty (60) days from date hereof, Range Funeral Home is authorized to dispose of the decedent's cremated remains without any further notice. I, (We), understand there will be an additional charge(s) for this or any other arrangements, supervision, conduction, personnel, and automotive equipment, for any other ceremony or disposition of the decedent's cremated remains.

Signature

Date

As the Authorizing Agent(s), I, (We), hereby agree to indemnify, defend, and hold harmless Range Funeral Homes, its officers, agents, and employees, of and from any and all claims, demands, cause or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to the crematory, the processing, shipping, storage, delivery or loss, and any other disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for any other disposition of the cremated remains, and damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action(s) preformed by Range Funeral Home, its officers, agents or employees, pursuant to this authorization. Initials _____

THIS AUTHORIZATION FOR CREMATION FORM SIGNED BY THE AUTHORIZING AGENT(S) IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL.

I, (We), the undersigned, hereby certify that I, (We), am (are) the closest living next of kin of the decedent and that I, (We) am (are) related to the decedent as his/her, _____ or that I otherwise serve in the capacity of _____ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, too execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent.

By executing this Cremation Authorization Form, as Authorizing Agent(s), I, (We), the undersigned, warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Range Funeral Homes and Agents to cremate the human remains of the decedent, and that I, (We), the undersigned, have read and understand the provisions contained on this form.

Executed at _____, this _____ day of _____, 20 _____.

NAME: 1. _____ Signature _____
2. _____

RELATIONSHIP TO DECEDENT: _____

ADDRESS: 1. _____ 2. _____

CITY/STATE: _____

PHONE: _____

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s)

911 16th Street North
Virginia, MN 55792
(218) 741-1481

