



Locations In:
 Yankton • Tabor • Menno • Tyndall
 601 W. 21st Street • Yankton, SD 57078
 Phone: 605.665.9679 or 800.495.9679
 Website: www.opsahlkostelfuneralhome.com



COMPREHENSIVE CREMATION AUTHORIZATION AND DISPOSITION FORM

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request _____, in accordance with and subject to its rules and regulations, and any applicable state provincial or local laws or regulations, to cremate the human remains of _____ (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form.

Initials of AA _____

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to *the above named crematory*, for cremation.

Initials of AA _____

I (We) have read the attached document entitled "the above named *crematory* Policies, Procedures and Requirements," and hereby authorize _____ to perform the cremation of the decedent in accordance with that document.

Initials of AA _____

IDENTIFICATION

Date of Death _____ Place of Death _____ Sex _____ Age _____

PRE-NEED CREMATION ARRANGEMENTS¹

Did the decedent arrange for his or her own cremation, on a pre-need basis? Yes No

Did the decedent leave a will with written instructions to be cremated? Yes No

Did the decedent execute a pre-need cremation contract? Yes No

Did the decedent execute a pre-need cremation authorization form? Yes No

Did the decedent leave oral instructions to be cremated?
 If yes, with whom _____ Yes No

Did the decedent arrange for final disposition of the cremated remains?
 If yes, please describe _____ Yes No

Attach copies of all appropriate documents

TIME OF CREMATION

The above named crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. Yes No

Initials of AA _____

If no, please explain and then complete the next line _____

The cremation shall take place on _____ (day), _____ (date), at _____ (time).

Initials of AA _____

PACEMAKERS, PROSTHESES, AND RADIOACTIVE IMPLANTS

Was the decedent treated with radioactive therapy? Yes No

If yes, the following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation _____

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to *the above name crematory*. **Initials of AA** _____

The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the *crematory*. They are safe to cremate. **Initials of AA** _____

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO THE ABOVE NAMED CREMATORY.

(PLEASE SEE EXPLANATION OF FOOTNOTES ATTACHED HERETO)

WITNESSING²

Are there any people who wish to witness the casket or container being placed in the cremation chamber? Yes No
If yes, please provide their names _____

MERCHANDISE

Type of casket or container selected _____
Size and type of urn or container selected _____

FINAL DISPOSITION³

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, the above named *crematory* will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes *the above named crematory* to release, deliver, transport, or ship the cremated remains as specified. Check one of the following:

- 1. _____ Deliver the cremated remains to _____ cemetery, with which arrangements already been made for the cremated remains to be _____
 - 2. _____ Deliver or _____ Release cremated remains to the following designated person:
Name _____ Address _____
Relationship _____
Scheduled Date of Delivery or Release _____
 - 3. _____ Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to _____ for permanent disposition.
(Attach copy of Post Office Receipt)
 - 4. _____ Deliver the cremated remains to _____ (name of Carrier) for shipment in my name as cosignor to _____ (name and address of consignee) for permanent disposition. (Attach copy of carrier receipt)
- (If options 3 or 4 are selected, then (we) agree to assume all liability that may rise from such shipment, and to indemnify and hold the above named crematory harmless from any and all claims that may arise from such shipment).*
- 5. _____ Return the cremated remains to the funeral home within 10 days.
 - 6. _____ Arrange for the disposition of the cremated remains at the discretion of *the above named crematory*. The Authorizing Agent(s) understand that if this option is selected, then final disposition may include the commingling of the cremated remains with other cremated remains, and that thereafter the cremated remains of the decedent shall not be recoverable.
 - 7. _____ Other _____

Initials of AA _____

AUTHORITY OF AUTHORIZING AGENT

I (We) hereby certify that the decedent left the following surviving heirs at law:

Spouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name _____
Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many _____ Name(s) _____
Parents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many _____ Name(s) _____
Siblings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many _____ Name(s) _____

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are): _____

If the legal next of kin or it all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

Therefore, I (We), the undersigned, hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her, _____ or that I otherwise serve (served) 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 according to the laws of the state/providence of _____, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.⁴

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless *the above named crematory*, its officers, agents and employees, of and from any and all claims, demands, causes 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 above named crematory*, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any 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 performed by *the above named crematory*, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence. **Initials of AA** _____

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRRESVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Cremation Authorizing Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce the above named *crematory* to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____ this _____ day of _____ 20 _____
Name _____ Phone No. _____
Relationship to Decedent _____
Address _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Executed at _____ this _____ day of _____ 20 _____
Name _____ Phone No. _____
Relationship to Decedent _____
Address _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Executed at _____ this _____ day of _____ 20 _____
Name _____ Phone No. _____
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.



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

Name & Address of Funeral Home

(PLEASE SEE EXPLANATION OF FOOTNOTES ATTACHED HERETO)