



Phone: (651) 315-8214  
 Fax: (651) 203-3534  
 Email: CrescentTide@gmail.com  
 Web: www.CrescentTide.com

## Cremation Authorization

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

- 1) I request and authorize Crescent Tide Midway Crematory, St. Paul, MN 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 named above 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 Minnesota Statute 149A.95, subd. 7.
- 4) I authorize the above cremation provider to take the following steps in ensuring the proper identification of the deceased and the resulting cremains: photographing identifiers (including name tags and the deceased) prior to cremation, and placing a stainless steel tag with the identification number with the deceased to go through the cremation process and remain in the cremains.
- 5) I authorize the crematory 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.
- 6) I understand that under Minnesota Statute 149A.95 subd. 5, the crematory 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 by the above named crematory.
- 7) I authorize the crematory 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.
- 8) I acknowledge that the cremated remains will be mechanically reduced to a granulated appearance and placed in an appropriate container. I authorize the crematory to place any cremated remains that a selected urn or container will not accommodate into a temporary container to be disposed of in the same manner as the original container as noted below in (8).
- 9) 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.
- 10) In accordance with Minnesota Statute 149A.95 subd. 19 regarding disposition of unclaimed cremated remains, I authorize Crescent Tide to scatter the cremated remains that have been unclaimed for a period of more than two years.
- 11) I direct the crematory to release the cremated remains to the funeral home - Crescent Tide Cremation Services.

### Person(s) Claiming Right to Control Final Disposition

Name: _____ Relation to Deceased: _____ Address: _____ Phone: _____ Date of signature: _____ Signature: _____	Name: _____ Relation to Deceased: _____ Address: _____ Phone: _____ Date of signature: _____ Signature: _____
Name: _____ Relation to Deceased: _____ Address: _____ Phone: _____ Date of signature: _____ Signature: _____	<p style="text-align: center;"><b>Order of Right to Control</b></p> <input type="checkbox"/> 1. Self / Health Care Directive <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Adult Children (Majority) <input type="checkbox"/> 4. Parent(s) <input type="checkbox"/> 5. Adult Siblings (Majority) <input type="checkbox"/> 6. Adult Grandchildren (Majority) <input type="checkbox"/> 7. Grandparent(s) <input type="checkbox"/> 8. Adult Niece/Nephews (Majority) <input type="checkbox"/> 9. Guardian <input type="checkbox"/> 10. Adult who exhibited care & concern for decedent
Name: _____ Relation to Deceased: _____ Address: _____ Phone: _____ Date of signature: _____ Signature: _____	Notes _____ _____ _____