

Glende-Nilson Crematory

301 E. Washington Avenue, Fergus Falls, MN 56537

Phone: 218-736-7064 | Fax: 218-739-2436

Cremation Number: _____ Cremation Date: _____ (FOR CREMATORY USE ONLY)
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The undersigned make the following declarations:

- I authorize and request that Glende-Nilson Crematory (hereafter "GNC") cremate the body of _____ (hereafter "decedent") who died on the _____ day of _____, _____. I understand that the cremation will be in accordance with all applicable laws and regulations and the written policies, procedures, and requirements of GNC. I acknowledge that I have received a copy of the written policies, procedures and requirements of GNC, that I have read the copy and understand all the policies and requirements stated therein.
- I am the individual or the legal representative of the individual with legal right to control the final disposition of the Decedent, pursuant to Minnesota Statutes 149A.80 and I assume legal responsibility for the final disposition of the Decedent.

Name: _____	Relationship: _____	Phone: _____
Address: _____		

Name: _____	Relationship: _____	Phone: _____
Address: _____		

PLEASE ATTACH COPIES OF ANY ADVANCE DIRECTIVES OR OTHER LEGAL DOCUMENTS THAT CONVEY STATUTORY RIGHT TO CONTROL THE FINAL DISPOSITION OF THE DECEDENT TO THE UNDERSIGNED.

- The body of the Decedent will be delivered to GNC by the following authorized legal entity:

PLEASE PRINT THE NAME OF THE LICENSED FUNERAL ESTABLISHMENT OR AUTHORIZED INDIVIDUAL

- I understand that the legal entity or individual delivering the body of the Decedent to GNC may not be an agent of GNC. I understand that GNC is not liable for any actions or damages that occur prior to the time when GNC accepts physical custody of the body of the Decedent.
- To the best of my knowledge, following reasonable inquiry or examination, the body of the Decedent does not contain any implanted or attached mechanical, electrical, or radioactive device (Pacemakers, pain pumps or radioactive seeds) that may create a hazard when placed in a cremation chamber. **LEGAL REPRESENTATIVE & FUNERAL DIRECTOR INITIAL** _____
- I understand that GNC may reasonably rely on the accuracy of declarations made in this document and pursuant to Minnesota Statutes 149A.95, division 5, shall be held harmless from civil liability or criminal prosecution for any lawful actions authorized by or taken in accordance with this document. I understand that I may be held legally responsible for any damages that result from making knowingly or negligently false declarations in this document.
- I authorize GNC to remove the body of the Decedent 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. If necessary, the original container may be disposed of in any lawful manner unless otherwise stated herein: _____
- I authorize GNC to allow the following individual(s) to witness the body of the Decedent placed in the cremation chamber: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

- I authorize GNC to open the cremation chamber and reposition the body of the Decedent to facilitate the thorough cremation. I further authorize GNC to remove any noncombustible materials or items from the cremation chamber, separate those materials or items from the cremated remains of the Decedent and dispose of those noncombustible materials or items in any lawful manner unless otherwise stated herein: _____
- I acknowledge and understand that the cremated remains of the Decedent will be mechanically reduced to a granular appearance and placed in an appropriate container. I authorize GNC to place the cremated remains of the Decedent in a temporary container if the designated receptacle will not accommodate all of the cremated remains.
- I acknowledge and understand that even with the exercise of reasonable care it is not possible to recover all particles of the cremated remains of the Decedent, and that some particles may inadvertently become commingled with disintegrated cremation chamber material and other particles of cremated remains that remain in the cremation chamber or the mechanical devices used to process the cremated remains.
- I authorize GNC to arrange disposition of the cremated remains of the Decedent in the following manner:
 _____ Ship via USPS to: _____
 _____ Release to: _____

INDIVIDUAL ACCEPTING CREMATED REMAINS MUST SIGN AND DATE ORIGINAL ABOVE

The undersigned further declares that all statements made on this document are true and accurate:

Signature(s) _____
This document was signed on the _____ day of _____, _____.