

KINKADE FUNERAL CHAPEL AND CREMATORY

1235 Junction Avenue

Sturgis, SD 57785

605-347-3336 Phone 605-347-5943 Fax

CREMATION AUTHORIZATION

I (we), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request the Kinkade Funeral Chapel and Crematory, in accordance with and subject to its rules and regulations, and all applicable state laws and regulations, to cremate the human remains

of \_\_\_\_\_

who died at \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at the time of \_\_\_\_\_.

The Authorizing Agent is aware of no objections to the human remains being cremated by any person who has the right to control the disposition of the human remains.

I (We) certify that I (we) have the right to give such authorization based upon my relationship to the decedent. As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Kinkade Funeral Chapel and Crematory, its officers, agents, and employees, of and from any and all claims, demands, causes or causes of action, suits of any 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.

I (we) state that the decedent does not have a heart pacemaker, radiation production implant or other life-sustaining device that could be explosive. If such a device exists, I (we) authorize the crematory, funeral home or others to remove such object prior to cremation. I (we) also agree that in the event of my (our) failure to notify the crematory, funeral director or others responsible for removal of such device, I (we) shall be liable for any damages to the crematory or injury to crematory personnel.

I (We) understand that due to the nature of the cremation process any personal possession or valuable materials such as dental gold or jewelry (as well as any body prosthesis or dental bridgework) that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by the crematory.

I (We) understand that the decedent must be placed in a combustible cremation container (fiberglass and metal containers or not acceptable).

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements are made to induce the Kinkade Funeral Chapel and Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provision contained within this document.

SIGNATURES

RELATIONSHIP

DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These signatures must be witnessed by a funeral home authority or notarized.

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_