

DIRECTIONS TO MAIL CREMATED REMAINS

1. **PARTIES:**

"FUNERAL HOME": _____

"CREMATORY": DAKOTA CREMATION SERVICES, SIOUX FALLS, SD (Crematory License #716)

"REPRESENTATIVE": _____
(Use Reverse Side for Additional Names)

"DECEDENT": _____

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows:

____ Spouse

____ Next-of-Kin (Closest Living Relative)

____ Personal Representative of the Next-of-Kin with written authorization of Next-of-kin to act on his or her behalf.

____ Other: _____

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the cremation and disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **AUTHORIZATION TO MAIL CREMATED REMAINS:** The United States Postal Service will only ship cremated remains by Priority Express Service. Accordingly, the REPRESENTATIVE directs the FUNERAL HOME to mail the cremated remains enclosed in the URN by using Priority Express Service.

Name: _____ Phone Number: _____

(or) Funeral Home: _____

Address: _____

Authorizing Agent Signature: _____

5. **INDEMNIFICATION:** The REPRESENTATIVE acknowledges that there is always a risk that the cremated remains and/or the URN could be lost, misplaced, delayed, damaged or destroyed in shipment. The REPRESENTATIVE agrees to release and hold harmless the FUNERAL HOME and the CREMATORY from any claims or causes of action arising or related in any respect to this direction to mail the cremated remains of the DECEDENT or the FUNERAL HOME's reliance thereon.