

**PRE-NEED CREMATION AUTHORIZATION**

I, the undersigned, hereby authorize \_\_\_\_\_ in conjunction with

Dakota Cremation Services, to assume custody of **(Name)** \_\_\_\_\_

I further direct them to cremate said remains. I have the legal capacity and authority with which to authorize the disposition of my body and I am not aware of any person/s who would object to this Cremation. This authorization is pre- need and is subject to all rules and regulation by the State of South Dakota.

**REPRESENTATIONS**

- Any heart pace maker implantation, radiation producing device or any other device that could be explosive will be disclosed to the Funeral Directors and Crematory. Also, said device will be removed before the Cremation.
- I understand that due to the Cremation process, any personal possessions/valuables including teeth, gold jewelry, etc. will be destroyed unless removed prior to Cremation. *If any valuables are to be delivered to the Crematory, attach a description of same*

**CREMATED REMAINS**

I direct that the cremated remains be claimed within thirty (30) days of the cremation from the Funeral Directors unless other suitable arrangements are made. I further direct that the final disposition of my cremated remains are as follows:

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

Signature \_\_\_\_\_ Print \_\_\_\_\_

**CERTIFICATION**

*I hereby agree to indemnify, defend and hold harmless the Funeral Directors and Crematory, its officers, agents and employees from any claims, demands, or causes of action, and suits of every kind, nature and description, in law or equity, arising as a result of based upon or connected with this cremation, the disposal of the cremated remains, or any other matter of things done by the Funeral Directors pursuant to the authorization herein given. **The Funeral Directors will NOT assume responsibility for cremated remains unclaimed thirty (30) days after cremation; the Funeral Directors may dispose of same after thirty (30) days, at their discretion. unless other arrangements a made.***

DATE: \_\_\_\_\_

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Address: \_\_\_\_\_

**1<sup>st</sup> Witness**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Address: \_\_\_\_\_

**2nd Witness**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Address: \_\_\_\_\_

***FUNERAL DIRECTOR OR ARRANGEMENT COUNSELOR:***

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

License Number \_\_\_\_\_

**Dakota Cremation Services**

**Identification**

Name of Decedent: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Coroner/Medical Examiner Call: Yes \_\_\_ No \_\_\_ (If So, Specify: \_\_\_\_\_)

Date & Time of Death: \_\_\_\_\_

City, State & County: \_\_\_\_\_