

CREMATION AUTHORIZATION

Countryside Cremation Services, O'Connell Family Funeral Homes

1010 Newton Street Baldwin, Wisconsin 54002

Phone: (715) 684-3434 Fax: (715) 684-3858

This authorization form is to comply with the cremation requirements of Wisconsin Statutes 979.10 and Minnesota Statutes §149A.95, subd. 4. This form grants permission to Countryside Cremation Services to cremate the deceased named below. The person(s) signing this document authorizes the control of the final disposition of the deceased person named below in accordance with Wisconsin Statutes 979.10 and Minnesota Statutes §149A.95, subd. 4.

Name of Deceased: _____ Date of Death: _____

The person(s) signing this form below make(s) the following statements and/or acknowledges being advised of the following:

- 1.) I request and authorized Countryside Cremation Services to cremate the human remains of the deceased person named above in accordance with all applicable laws of the States of Wisconsin and Minnesota.
- 2.) I am the individual or the legal representative of the individual with the legal right to control the final disposition of the decedent.
- 3.) To the best of my knowledge, the body of the decedent does not contain any implanted or attached mechanical, electrical, or radioactive device that may create a hazard when placed in a cremation chamber. If a device is implanted, I authorize the device to be removed and disposed of in a proper manner.
- 4.) I authorize Countryside Crematory to remove the body of the decedent from the container in which it was delivered, if that container not appropriate for cremation, and to place the body in an appropriate cremation container. If necessary, the original container or contents that may be inappropriate for cremation may be disposed of in a lawful manner.
- 5.) I understand that under Wisconsin Statutes 979.10 and Minnesota Statutes §149A.95, subd. 4, the crematory named above 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.
- 6.) I am aware, that under Wisconsin Statutes 979.10, the cremation may not occur within 48 hours after the death, or the discovery of the death, of the deceased person unless the death was caused by a contagious or infectious disease, or Minnesota Statute §149A.95 within an unspecified time provided authorization from the medical examiner.
- 7.) I authorize the crematory named above to open the cremation chamber and reposition the body of the decedent to facilitate a thorough cremation. I further authorize the crematory named above to remove from the cremation chamber and separate from the cremated remains, any noncombustible materials, and dispose of those materials in a lawful manner.
- 8.) 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 Countryside Cremation Services to place the cremated remains of the decedent in a temporary container if the container or urn selected will not accommodate all of the cremated remains.
- 9.) I acknowledge and understand that even with 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.
- 10.) I authorize the crematory named above to arrange disposition of the cremated remains of the decedent in the following manner:

Release to: _____
 Ship by Registered Postal Service to: _____
 Other: _____

Person(s) Claiming right to control final disposition:	
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	Zip: _____
State: _____	Zip: _____
Telephone: _____	Telephone: _____
Relationship to deceased: _____	Relationship to deceased: _____
Date of Signature: _____	Date of Signature: _____
Signature: _____	Signature: _____

Signature of Funeral Home Representative: _____ Date _____