



2800 Curve Crest Boulevard • Stillwater, MN 55082
651.342.4040 • info@greencremation.com

ALKALINE HYDROLYSIS AUTHORIZATION AND DISPOSITION

I (We) the undersigned (the "Authorizing Agent(s)") authorize Green Cremation, LLC, in accordance with and subject to the rules and regulations of the State of Minnesota, to process the human remains of

(decedent) _____ through Alkaline Hydrolysis (Green Cremation) and to arrange for the final disposition of the Hydrolyzed Remains (Remains) as stated in this form.

IDENTIFICATION

I (We) hereby certify that I (we) have the legal right to arrange for the Green Cremation and disposition of the Remains of the above named decedent. In addition, I (we) am/are aware of no objection to this Green Cremation by any spouse, child, parent, or sibling.

I (We) have/have not identified the above named human remains that were delivered to the funeral home and have authorized the funeral home to deliver the deceased to Green Cremation, LLC for Green Cremation. Hereafter such entity will be referred to as the Provider.

Initials: _____

Date of Death _____ Place of Death _____ Sex _____ Age _____

Was the death caused by an infectious, contagious, or communicable disease? Yes No

WITNESS OF GREEN CREMATION PROCESS

The undersigned has elected not to witness the initiation of the cremation process and grants the crematory permission to proceed with the cremation process, at their earliest convenience, upon receipt of all approvals. The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process.

The undersigned requests to witness the initiation of the Green Cremation process at the Bradshaw Celebration of Life Center, 2800 Curve Crest Boulevard, Stillwater MN 55082 on the day and time noted: Initials: _____ Day/Date/Time: _____

EXPLANATION OF GREEN CREMATION

The Provider will place the protein based body pouch encasing the Decedent's human remains individually into a stainless steel Green Cremation chamber where it will be subject to Alkaline Hydrolysis using pressure, water and chemical reaching temperatures of approximately 300 degrees Fahrenheit (note: The Provider does reserve right to transfer the decedent into an appropriate container if the current one is not appropriate or consumable by the process). After a typical time period of 2 to 3 hours, all substances are consumed except bone fragments (calcium compounds) and metal (such as dental implants, prosthesis, etc), as the process hydrolyzes protein based material. Unlike flame-based cremation, it is not necessary to open the chamber during the process and the chamber door will not be opened until process completion. The now sterile water-based byproduct, which contains no DNA or other identifiable human organic matter, will be dispersed into the waste water treatment system in accordance with municipal guidelines. Accordingly, any such items which are left with the Decedent and not removed from the body pouch will be destroyed or will otherwise not be recoverable. Following an appropriate cooling period, the Remains are swept, raked or otherwise retrieved from the Green Cremation chamber. The Provider takes all reasonable steps and uses its best efforts to remove all of the Remains, but it is impossible as some dust and other residue is always left behind. Due to this fact, inadvertent or incidental commingling of minute particles of Remains from the residue of a previous Green Cremation is a possibility during the Green Cremation process or the processing stage (as described below) and the undersigned understands and accepts this fact. Following retrieval of the Remains from the Green Cremation chamber, all non-consumable materials that were not removed prior to the Green Cremation process will be separated and removed from bone fragments by visible or magnetic selection. The Undersigned expressly authorizes the Provider to send such non-consumable materials to a qualified company where some of those materials may be recycled and the remainder disposed of in a non recoverable manner. The Provider represents that any compensation it may receive from the recycling company for retrieving and shipping the non- consumable materials will be donated to a charitable organization of the Provider's choice. The bone fragments are cooled and dried, then mechanically processed or pulverized into uniform particles to permit placement in the selected urn container for disposition as indicated.

Initials: _____

07/12

PACEMAKERS AND RADIOACTIVE IMPLANTS

NOTICE: Heart pacemakers and radioactive implants could have negative implications on the Provider's equipment or environment. The funeral director and Provider shall accept NO liability under these circumstances. Carefully and completely read the following two questions should any precautions need to be taken to protect the Provider or the environment.

CERTIFICATION: I (we) herby certify that I (we) have read and understand the above notice.

Initials: _____

Did the decedent's remains contain a pacemaker? Yes No

Did the decedent's remains contain a radioactive implant? If so, what type? Yes No _____

Initials: _____

MERCHANDISE

Type of casket or container selected _____

Size and type of urn or container selected _____

FINAL DISPOSITION

Release Remains to _____

Ship Remains to _____

If shipment is authorized, the undersigned authorizes the Provider to deliver the Remains via registered US Mail and agrees to pay the handling and mailing fees incurred therein. I (we) agree to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the Provider and the funeral director for any and all claims related to said shipment.

LIMITATION OF LIABILITY

In requesting Green Cremation I (we) acknowledge that such is an irreversible act, and therefore, I (we) do hereby authorize Green Cremation with full knowledge that the funeral director is acting solely upon my (our) direction. In addition, I (we) do hereby agree to indemnify and hold Green Cremation, LLC, its agents, officers, and employees harmless from any and all claims, suits or causes of action, including reasonable attorney's fee for the defense thereof, brought by any person, firm, or corporation.

SIGNATURE OF AUTHORIZING AGENT(S)

Signed #1: _____ Relationship: _____ Phone: _____

Address: _____ Date: _____

Signed #2: _____ Relationship: _____ Phone: _____

Address: _____ Date: _____

Signed #3: _____ Relationship: _____ Phone: _____

Address: _____ Date: _____

Signed #4: _____ Relationship: _____ Phone: _____

Address: _____ Date: _____

Funeral Director Signature: _____ License No. _____

Name and Address of Funeral Home: _____