Luce, Luze & Reck
FUNERAL HOMES

Mandy Luikens-Spilde
Owner/Funeral Director
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Owner/Funeral Director
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Proudly serving with locations in the following communities:

Luce Funeral Home
502 E. Commercial Ave.
Gettysburg, SD 57442
(605) 765-9637

Luce Funeral Home
PO Box 326
814 St. John St.
Faulkton, SD 57438
(605) 598-4141

Luze Funeral Home
PO Box 300
306 S. Iowa Ave.
Highmore, SD 57345
(605) 852-2432

Reck Funeral Home
PO Box 144
313 E. 1st Ave.
Miller, SD 57362
(605) 853-3127

Cheyenne River
(605) 964-3614

Cremation and Disposition Authorization

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 8 of this Authorization Form and the Attachment prior to signing it. We want you to fully understand the information provided in this Authorization Form and Attachment, so we will be pleased to answer any questions about the cremation process or the other information in this Form. THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

(Print all information except signatures.)

1. IDENTIFICATION OF THE DECEDENT

Name of the Decedent: _____ Date of Death: _____
Time of Death: _____ Place of Death: _____ Sex: _____ Age: _____
Date of Birth: _____ Social Security Number: _____

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorized the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.
Name of Funeral Home and Crematory: _____
Address of Funeral Home and Crematory: _____

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____
Address: _____
Telephone: _____ Relationship: _____

4. PACEMAKERS, IMPLANTS, AND PROSTHESES

Description of Devices: _____
Please initial one of the following statements:

_____ (initials) The remains of the Decedent do not contain any of the Devices.

OR

_____ (initials) As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above. Unless indicated directly below, the Funeral Home is to dispose of all such Devices. The Devices listed are to be removed and returned to the Authorizing Agent_____

5. WITNESSES

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed are authorized to be present in the room with a viewing window, next to the cremation room prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. If you desire witnesses, you must initial and list their names.

_____ (initials) No Witnesses.

OR

_____ (initials) Names _____
_____

6. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and substances are consumed or driven off, except bone fragments (Calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are cremated. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of any average sized adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some of the dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. The granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed in a designated container.

_____ (initials) As Authorizing Agent, I have read and understand the description of the cremation process. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of cremation.

7. FINAL DISPOSITION

_____ (initials) As Authorizing Agent, I instruct the Funeral Home to release the cremated remains as follows:

Deliver to _____ cemetery with which arrangements have been made.

Deliver or release to:

Name: **Luce, Luze & Reck Funeral Home**

Relationship: _____

Address: _____

_____

Other: _____

Other: _____

8. CORONER RELEASE

❑ Yes. ❑ No _____

9. CERTIFICATION AND IDENTIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the direction, statements, representatives and agreements contained in the Authorization.

Executed at _____, this _____ day of _____, 20_____

Signature of Authorizing Agent _____

Witness _____