



STATE OF MINNESOTA

CERTIFICATE OF REMOVAL

(SUBJECT TO MN STATUTES §149A.90)

1. NAME OF DECEASED: _____

2. REMOVAL:

2a. DATE _____ 2b. TIME _____ A.M / P.M. (circle one)

3. FUNERAL HOME OR PERSON RECEIVING CUSTODY OF REMAINS:

3a. NAME ROCHESTER CREMATION SERVICES

3b. LICENSE NO. (IF APPLICABLE) 1056 3c. PHONE (507) 206-4449

3d. ADDRESS 1605 CIVIC CENTER DRIVE NW

3e. CITY ROCHESTER 3f. STATE MN 3g. ZIP 55901

4. PERSONAL PROPERTY RECEIVED WITH REMAINS:

4a. JEWELRY

4b. CLOTHING

4c. OTHER

5. INDIVIDUAL RELEASING CUSTODY OF REMAINS:

5a. NAME _____

5b. RELATIONSHIP TO DECEASED _____

5c. NAME OF FACILITY OR ENTITY RELEASING REMAINS _____

5d. SIGNATURE OF #5a _____

5e. DATE SIGNED _____ 5f. PHONE _____

6. MORTICIAN OR PERSON RECEIVING CUSTODY OF REMAINS:

6a. NAME MICHAEL DENNIS JOHNSON

6b. RELATIONSHIP TO DECEASED MORTICIAN

6c. LICENSE NO. (IF APPLICABLE) M-3487 (pursuant to MN Statutes §149A.01)

6d. SIGNATURE OF #6a _____

6e. DATE SIGNED _____

HE-01655-02

ORIGINAL: FUNERAL HOME OR PERSON LISTED IN #3 ABOVE
DUPLICATE: PERSON / ENTITY LISTED IN #5 ABOVE