



605.322.7200

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### Disposition Consent Form

#### FAMILY/FUNERAL HOME DIRECTED DISPOSITION

**I (we) assume full responsibility for my(our) products of conception through the funeral home of my(our) choice.**

Family/funeral home burial requires that the family make arrangements for burial through a private funeral home either in a cemetery or on private property. Burial on private property requires that you contact the Register of Deeds in the county of birth and county of burial to receive information on state regulations and arrange for burial permits. Your funeral director can assist you in obtaining these permits.

I (We) select family/funeral home directed. Funeral home of choice: \_\_\_\_\_.

\_\_\_\_\_  
Date Mother's Signature (required) Father's Signature (optional)

(Please Print) Name (Parent): \_\_\_\_\_

Address: Street: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

#### DISPOSITION BY PHYSICIANS LABORATORY THROUGH AVERA MCKENNAN HOSPITAL

**Releases all parental rights and responsibility for the final disposition of products of conception/tissues**

**Please be assured that any remains are treated with the utmost respect and dignity at all times.**

I (we) request disposition by common grave burial as outlined below. Physicians Laboratory through Avera McKennan Hospital will make arrangement for disposition of your baby/products of conception as governed by hospital policy. There is no charge for this service, which includes:

- Remains will be held until periodic burial takes place at St. Michael's Cemetery
- When burial is arranged, the remains will be taken to the cemetery and will be buried in a common grave (site selected by cemetery in accordance with their rules and regulations in effect at the time).
- No grave marker is allowed on the grave nor is a graveside funeral service permitted at the time of the burial. I understand I will not be notified when burial occurs.
- Disinterment at a future date will not be possible or allowed.

I (we) request disposition by Physicians Laboratory through Avera McKennan and release Physicians Laboratory and Avera McKennan and the cemetery and their personnel from any liability that may arise from their actions.

\_\_\_\_\_  
Date Mother's Signature (required)

\_\_\_\_\_  
Date Father's Signature (optional)

(Please Print) Parent's Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_