

AUTHORIZATION FOR CREMATION AND DISPOSITION OF HUMAN REMAINS

(Name of Crematory)

(Address of Crematory)

Phone: _____ Fax: _____

Cremation Number _____

I (We), the undersigned (Authorizing Agent(s)), hereby authorize _____
_____ (Funeral Home, City, and State)
and _____ (Crematory) to cremate the human
remains of the Decedent named below in accordance with the provisions set forth in this document and all applicable
laws, rules, and regulations. I (We) have identified the human remains that were delivered to the funeral home as the
Decedent and have authorized the Funeral Home to deliver the decedent to the Crematory.

IDENTIFICATION

Name of Deceased: _____ Sex: _____ Age: _____

Date of Death: _____ Place of Death: _____

PRENEED CREMATION ARRANGEMENTS

Did the decedent arrange for his or her own cremation, on a preneed basis? Yes ___ No ___

Did the decedent leave a will with written instructions to be cremated? Yes ___ No ___

Did the decedent leave oral instructions to be cremated? Yes ___ No ___

If yes, with whom: _____

Did the decedent arrange for final disposition of the cremated remains? Yes ___ No ___

If yes, please describe: _____

PACEMAKERS, PROSTHESIS, SILICON, AND RADIOACTIVE IMPLANTS

Mechanical, radioactive devices or implants may create a hazardous condition when placed in the cremation chamber.
Please list all existing devices or implants that should be removed prior to cremation:

WITNESSING

Are there any people who wish to witness the casket or container being placed in the cremation chamber?

Yes ___ No ___ If yes, please provide names: _____

FINAL DISPOSITION

After cremation, the Crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes the Crematory to release, deliver, transport, or ship the cremated remains as specified. Initial one of the following:

1. _____ Deliver the cremated remains to _____ Cemetery, where arrangements have already been made for the cremated remains to be: _____

2. _____ Deliver or release the cremated remains to the following designated person:
Name: _____ Relationship: _____
Address: _____
3. _____ Deliver the cremated remains to the Funeral Home.
4. _____ Deliver the cremated remains to the U. S. Postal Service, where they will be mailed by the acceptable method to: Name: _____
Address: _____
5. _____ Other: _____

AUTHORITY OF AUTHORIZING AGENTS

I (We) hereby certify that the Decedent left the following surviving heirs:

Spouse: Yes _____ No _____ Name: _____
Children: Yes _____ No _____ How Many _____ Name(s): _____
Parents: Yes _____ No _____ How Many _____ Name(s): _____
Siblings: Yes _____ No _____ How Many _____ Name(s): _____
Other: Names and Relationship: _____

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). If the Authorizing Agent has a valid Durable Power of Attorney for Healthcare in accordance with Tenn. Code Ann. Sections 62-5-703 and 34-6-204, please attach a copy to this form.

Initial: _____ I (We) hereby certify that I am the closest living next of kin of the Decedent, or that I otherwise serve in the capacity of _____ to the Decedent, that I have charge of the remains of the Decedent and possess full legal authority and power to execute the authorization for and to arrange for the cremation and disposition of the cremated remains of the Decedent. I am aware of no objection to this cremation by any spouse, child, parent, or sibling specified.

LIMITATION OF LIABILITY

To the extent provided by Tennessee Code Annotated Sections 62-5-107 and 62-5-511, I (we) agree to indemnify and hold the Crematory harmless from any loss, damages, or liability concerning the failure to correctly identify the remains of the Decedent, disclose the presence of any implanted mechanical or radioactive devices, or final disposition of the remains of the Decedent.

SIGNATURE OF AUTHORIZING AGENTS

*THIS IS A LEGAL DOCUMENT. CREMATION IS IRREVERSIBLE AND FINAL.
READ ALL PORTIONS OF THIS DOCUMENT CAREFULLY BEFORE SIGNING.*

By executing this Cremation Authorization Form, as Authorizing Agent(s), I (we) warrant that all representations and statements contained in this form are correct and true, and that I (we) have read and understand all the provisions contained in this form.

Name: _____ Signature: _____
Relationship: _____ Date: _____
Phone Number: _____ Address: _____

Name: _____ Signature: _____
Relationship: _____ Date: _____
Phone Number: _____ Address: _____

Name: _____ Signature: _____
Relationship: _____ Date: _____
Phone Number: _____ Address: _____

Name: _____ Signature: _____
Relationship: _____ Date: _____
Phone Number: _____ Address: _____

License # State Signature of Funeral Director as Witness for Authorizing Agent(s) Signature(s) Date

REPRESENTATION OF FUNERAL DIRECTOR

I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of the funeral home has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains of the Decedent is the Decedent, that our Funeral Home obtained all necessary permits authorizing the cremation and those permits are attached, and the representations concerning a pacemaker or other implants are true.

Signature: _____ Date: _____