Tennessee Mortuary & Crematory
2715 Landers Avenue Nashville, TN 37211
615-982-6180 ~ Fax 615-982-6182

AUTHORIZATION FOR CREMATION AND DISPOSITION OF HUMAN REMAINS

I (We), the undersigned (Authorizing Agent(s)), hereby authorize _____
_____(Funeral Home, City, and State) and Tennessee Mortuary & 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: _____

_____

If the legal next of kin or if all persons of the same degree of kinship are not signing above, a written explanation must be completed by the person(s) signing above as Authorizing Agent(s).

_____

_____

_____

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

Signature: _____ 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: _____