

**NASHVILLE FUNERAL AND CREMATION  
CREMATION AUTHORIZATION & DISPOSITION FORM**

**AUTHORIZATION**

I(We), the undersigned (the "Authorizing Agents"), hereby authorize and request NASHVILLE FUNERAL AND CREMATION, 210 McMillin St, Nashville, TN 37203 (615) 256-1605, in accordance with and subject to the rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of \_\_\_\_\_ (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth in this form.

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 NASHVILLE FUNERAL AND CREMATION, (615) 256-1605, for cremation.

**IDENTIFICATION**

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Was death caused by an infectious or contagious disease? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**TIME OF CREMATION**

NASHVILLE FUNERAL AND CREMATION is authorized to perform the cremation upon receipt of the human remains, at their discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instruction. Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain and complete the next line: \_\_\_\_\_

**PACEMAKERS, PROSTHETICS, SILICON and RADIOACTIVE IMPLANTS**

Did the decedent's remains contain a silicon implant? Yes \_\_\_\_\_ No \_\_\_\_\_

Do the decedent's remains have a pacemaker, radioactive implant or other devices that could be harmful to the crematory? Yes \_\_\_\_\_ No \_\_\_\_\_ (if NO, remains are safe to cremate)

The following list contains all existing devices (including all mechanical, radioactive implants, and prosthetic devices) which are implanted in or attached to the decedent, which should be removed prior to cremation or prior to processing of cremated remains. \_\_\_\_\_

**ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO NASHVILLE FUNERAL AND CREMATION**

**FINAL DISPOSITION**

After the cremation has taken place and cremated remains processed and placed in the designated receptacle(s), NASHVILLE FUNERAL AND CREMATION arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes NASHVILLE FUNERAL AND CREMATION to release, deliver, transport, or ship the cremated remains as specified below:

\_\_\_\_\_ Deliver or release cremated remains to the following designated person:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Ship cremated remains (via U.S. Postal Service Registered Mail) to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

*(All risk of loss for damages or deliver by common carrier, or otherwise, shall be and remain that of the Authorizing Agent. NASHVILLE FUNERAL AND CREMATION is released of liability for such event.)*

**AUTHORITY OF AUTHORIZING AGENT(S)**

In accordance with Tennessee Funeral Law, **62-5-502, Priority in right to cremated decedent's body**, priority of the right to dispose of the decedent's body by way of cremation shall be as follows:

1. Attorney In Fact, as designated in a Durable Power of Attorney: Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_ (see attached)
2. Decedent: Yes \_\_\_\_\_ No \_\_\_\_\_ Name & Date of Signature \_\_\_\_\_
3. Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_
4. Children: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_ Name(s) \_\_\_\_\_
5. Parents: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_ Name(s) \_\_\_\_\_
6. Siblings: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_ Name(s) \_\_\_\_\_
7. Grandchildren: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_ Name(s) \_\_\_\_\_
8. Grandparents: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_ Name(s) \_\_\_\_\_
9. Adult who exhibited special care & concern: Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

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) and shall be attached to, and considered part of, this form. Therefore, I(we) the undersigned, hereby certify that I(we) am(are) the closet legal agent to the decedent and that I am the \_\_\_\_\_ of the decedent and possess full legal authority and power, according to the laws of the state of Tennessee, to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent.

\_\_\_\_\_  
(Name of Deceased)

### MERCHANDISE

Type of casket or alternative container selected: \_\_\_\_\_

Type or urn(s) or containers selected: \_\_\_\_\_

\_\_\_\_\_  
*(Detail description/number of containers/portions for cremated remains, if applicable)*

### LIMITATION OF LIABILITY

As the Authorizing Agent(s), I(we) hereby agree to indemnify, defend, and hold harmless NASHVILLE FUNERAL AND CREMATION, its officers, agents, and employees (to the extent permitted by Tenn. Code Ann. §§ 62-5-107 and 62-511) of and from any and all claims, demands, causes, or causes of action, and suits of every kind, nature, and description, in law or equity arising as a result of, based upon, or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to NASHVILLE FUNERAL AND CREMATION, the processing, shipping, and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explosive implants, claims brought by other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by NASHVILLE FUNERAL AND CREMATION, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

### SIGNATURE OF AUTHORIZING AGENT(S)

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce NASHVILLE FUNERAL AND CREMATION to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

### REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated below, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
3. That the human remains delivered to NASHVILLE FUNERAL AND CREMATION, and represented as the human remains specified on this form, are in fact the human remains that were identified to our funeral home as the decedent.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
5. That the representations contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

\_\_\_\_\_  
*Signature of Licensed Funeral Director*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*FD Lic #*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Funeral Home*

\_\_\_\_\_  
*Funeral Home Lic #*

\_\_\_\_\_  
*Address, City, TN of Funeral Home*

\_\_\_\_\_  
*Phone Number*