

**NORTHWEST TENNESSEE CREMATORY**  
**650 High Street**  
**P.O. BOX 190**  
**HUNTINGDON, TN 38344**  
**TOLL FREE - 1-800-581-9898 - LOCAL - 731-986-8283 - FAX: 731-986-5288**

**IDENTIFICATION**

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

Name of Deceased \_\_\_\_\_ S.S.# \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Was death caused by an infectious or contagious disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does the decedent's remains have a pacemaker, radioactive implant or any other device? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_ Authorizing Agent Initial \_\_\_\_\_

**ALL PACEMAKERS, RADIOACTIVE IMPLANTS AND CASTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO NORTHWEST TENNESSEE CREMATORY.**

Northwest Tennessee Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

The cremation shall take place on \_\_\_\_\_ (day), \_\_\_\_\_ (date), at \_\_\_\_\_ (time).

**REPRESENTATION OF FUNERAL DIRECTOR**

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, 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 specified on this form and delivered to Northwest Tennessee Crematory are in fact the human remains that were identified to our funeral home as the decedent.
4. That the representations contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
5. That the representations contained above concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

\_\_\_\_\_  
Licensed Funeral Director\_\_\_\_\_  
Lic. No.

## LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (We), hereby agree to indemnify, defend, and hold harmless Northwest Tennessee Crematory, its officers, agents, and employees, 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, including any legal fees, costs and expenses of litigation, 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 the Northwest Tennessee Crematory, 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 explodable implants, claims brought by any 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 Northwest Tennessee Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

## FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed, and the processed cremated remains placed in the designated receptacle, Northwest Tennessee Crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize Northwest Tennessee Crematory to release, transport, or ship the cremated remains as specified.

Check one of the following:

1. ☐ Ship/Mail cremated remains to the following designated person:

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

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

2. ☐ Release the cremated remains to: \_\_\_\_\_

*All risk or loss for damage or delivery by common carrier or otherwise shall be and remain that of the Authorizing agent (s)*

## AUTHORITY OF AUTHORIZING AGENT

I(we) hereby certify that the decedent left the following surviving heirs at law:

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) \_\_\_\_\_)

If all responses are no, the person(s) in the next degree of kinship to the decedent is (are): \_\_\_\_\_

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). Separate authorization(s), if necessary shall be attached to, and considered part of this form.

Therefore, I (we), the undersigned, hereby certify that I am the closest living next of kin to the decedent and that I am related to the decedent as his/her \_\_\_\_\_, or that I otherwise serve (served) in the capacity of \_\_\_\_\_ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state/province of \_\_\_\_\_, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent, or sibling specified.

**AUTHORIZATION**

I (We), the undersigned (the "Authorizing Agents"), hereby authorize and request Northwest Tennessee Crematory, in accordance with and subject to its 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 on 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 Northwest Tennessee Crematory, for cremation.

I (We) have read the attached document entitled "Northwest Tennessee Crematory Policies, Procedures, and Requirements," and hereby authorize Northwest Tennessee Crematory to perform the cremation of the decedent in accordance with that document.

I hereby acknowledge receipt of a copy of Northwest Tennessee Crematory, Policies, Procedures and Requirements for cremation

\_\_\_\_\_ Initial

**SIGNATURE OF AUTHORIZING AGENT(S)**

*This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.*

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 Northwest Tennessee Crematory 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 \_\_\_\_\_.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature of Funeral Director as Witness for Signature(s) of Authorizing Agents