

**Caddo Crematory, L.L.C.**  
7849 East Kings Highway, Suite C  
Shreveport, Louisiana 71115  
318-797-8124 Fax 318-797-8198

**CREMATION AUTHORIZATION AND RELEASE**

State Louisiana

Cremation No. \_\_\_\_\_

Parish or County of Caddo

Cremation Date \_\_\_\_\_

*This authorization and release, signed by the next-of-kin or legal custodian of the decedent and the funeral home initiating the call to Crematory, must be properly executed and delivered to a bonafide representative of Caddo Crematory, L.L.C. before Caddo Crematory, L.L.C. can accept the body of the deceased for cremation.*

The undersigned hereby requests and authorizes **Caddo Crematory, L.L.C.**, in accordance with and subject to its Rules and Regulations, to cremate the remains of:

Decedent's name \_\_\_\_\_

Decedent's address \_\_\_\_\_

Date of death \_\_\_\_\_

Time of death \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

DEATH DUE TO INFECTION / CONTAGIOUS DISEASE: ☐ YES ☐ NO

**IMPORTANT NOTICE: FOR SAFETY'S SAKE, WE CANNOT ACCEPT RUBBER POUCHES, A BODY CONTAINING A PACE-MAKER IMPLANTATION, RADIATION PRODUCING IMPLANT DEVICE OR ANY OTHER LIFE-SUSTAINING DEVICE THAT COULD BE EXPLOSIVE. THE CONTAINER MUST BE SUITABLE FOR CREMATION; YOU MUST NOTIFY US IF THE DEATH WAS DUE TO INFECTIOUS OR CONTAGIOUS DISEASE. ANY JEWELRY AND ANY PLASTIC SUBSTANCE, SUCH AS EYEGLASSES, MUST BE REMOVED BY THE FUNERAL HOME BEFORE CREMATION.**

It is requested that the following disposition be made of the cremated remains:

☐ Place the Cremated Remains in \_\_\_\_\_ (fees and types of services available upon request)

Cemetery or place of final repose

☐ Deliver the cremated remains to \_\_\_\_\_

at this mailing address: \_\_\_\_\_

The undersigned hereby authorizes Caddo Crematory, L.L.C. to deliver the cremated remains via *registered mail* and agrees to assure all liability for any damage that may arise from any cause growing out of said delivery and to indemnify and hold harmless Caddo Crematory, L.L.C. and the Funeral Director from any and all claims related to said shipment. The undersigned also agrees to pay the charge for such delivery in the amount of \$ \_\_\_\_\_.

☐ Hold the cremated remains for future instructions. We understand that Caddo Crematory, L.L.C. cannot hold the cremated remains longer than 30 days without a written agreement. After 30 days, Caddo Crematory, L.L.C. may deliver the cremated remains to the Funeral Home or authorizing agent by Registered Mail under the provisions and conditions as stated above.

I hereby certify that I have identified and am related to the deceased as \_\_\_\_\_, and I have the right to authorize this cremation and the disposition of the cremated remains. I understand that due to the nature of the cremation process, any valuable material, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. If the container or any portion thereof is not suitable for cremation, Caddo Crematory, L.L.C. may require the remains to be removed to a suitable container. I understand that the cremated remains are bone fragments, which will be reduced in size and place in a temporary plastic bag or container. All permanent urns provided by Caddo Crematory, L.L.C. are sufficient in size for all cremated remains. More than one temporary bag or container may be used where no permanent urn is utilized. In the event the capacity of the urn I selected elsewhere is less than the amount of the cremated remains, Caddo Crematory, L.L.C. is hereby authorized to return said excess Cremated Remains in a temporary container. I further agree that I will indemnify and hold harmless Caddo Crematory, L.L.C. and the Funeral Home, their officers and employees from any liability, costs, expenses, or claims resulting from this authorization.

Funeral Home: \_\_\_\_\_ # \_\_\_\_\_

Funeral Director Signature

License number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone(s) \_\_\_\_\_

Please Print: \_\_\_\_\_

Signed \_\_\_\_\_  
Authorizing agent

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

City, State, Zip: \_\_\_\_\_

Telephone(s) \_\_\_\_\_