

AUTHORIZATION FOR CREMATION AND DISPOSITION

I/We the undersigned, the Authorizing Agent(s) certify warrant and represent that I/We have the full legal right and authority to authorize cremation, processing and disposition of the remains of

Full Name of the Deceased: _____ (Hereinafter referred to as the Deceased)

Age: _____ Sex: _____ Social Security No.: _____ Marital Status: _____

Date of Birth: _____ Date of Death: _____ Place of Death: _____

I/We authorize: _____ (Hereinafter referred to as the Funeral Home)

to take possession of and make arrangements for the cremation of the remains of the Deceased at:

Music City Crematory Service

(Hereinafter referred to as the Crematory)

2411 Kline Avenue, Nashville, Tennessee 37211. Telephone No. (615) 244-2774

The Cremation, Processing and Disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and of the Funeral Home, and the following terms and conditions:

The remains of the Deceased will not be accepted for cremation unless it is received by the Crematory with an identification tag attached to the Deceased and in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments or any non-combustible items attached to the cremation container prior to cremation. I/We further authorize the Funeral Home and/or the Crematory to make disposition of any such non combustible material in any lawful manner it deems appropriate. The Crematory will not accept metal, plastic or fiberglass containers for cremation.

Mechanical devices implanted in the remains of the deceased (such as pacemakers, etc.) create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain such an implanted mechanical device. I/We CERTIFY THAT THE REMAINS OF THE DECEASED DO _____ DO NOT _____ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE. (Please initial one) Listed below are the implanted mechanical and radioactive devices which the Funeral Home and/or Crematory is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated

Table with 2 columns: Description of Implanted Device, Disposition. Includes a note: If no instruction for disposition is given, such items will be disposed of at the discretion of the Funeral Home and/or Crematory.

Verification of the identity of the Deceased is required before cremation can take place. Have you or your representative viewed the remains of the Deceased and positively identified them as those of the Deceased listed above? (Initial one)

Yes _____ No _____ If No, Specify the Method used to Identify the Deceased (Photographs, Body Markings Etc.)

I/We understand that the Funeral Home and/or the Crematory is not liable for identification errors

The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.

Certain items, including, but not limited to, body prosthesis, dentures, dental bridgework, dental filings, jewelry, and other personal articles accompanying the remains of the Deceased, as well as materials from the casket or container such as (hinges, latches screws, and nails) may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the deceased, are recovered from the cremation chamber, they may be separated from the cremated remains and disposed of by the Crematory. Surgical and medical implants not consumed by the cremation process are separated and held for disposal. They are then destroyed and the material is recycled by a company specializing in this process. The Crematory and/or the Funeral Home may receive compensation for the material.

Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the crematory's best efforts, it is not possible to recover all of the particles of the cremated remains of the Deceased, and that some particles will inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

Unless I/We give specific written instructions in the Authorization, the cremation, processing, and disposition of the cremated remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.

In the event the cremated remains of the Deceased, remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 180 days after the date of such written notice is mailed, the Funeral Home is authorized to dispose of the unclaimed cremated remains in accordance with the laws of the State of Tennessee

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Name of Deceased: _____

Cremation may only occur when a provision for final disposition of the cremated remains of the Deceased have been made and is included on this form. I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the funeral home.

The cremated remains of the Deceased will be held at the _____ Funeral Home _____ Crematory for pick up. The Funeral Home and/or Crematory is authorized to release the cremated remains of the deceased to any of the following person(s):

The Funeral Home will Deliver the Cremated Remains of the Deceased to: _____

___ The Funeral Home will arrange for shipment of the cremated remains of the Deceased via United States Postal Service Priority Mail to the following:

Name: _____

Address: _____ City, State, Zip Code: _____

I/We understand that the services of the Funeral Home will have been fully completed when the cremated remains of the Deceased are delivered to the place of disposition or designated receiver or the United States Postal Service. The Funeral Home only acts as an agent in carrying out disposition instructions. I/we assume all liability for any damages or loss that may arise from such disposition instructions and/or delivery, and/or release and agrees to indemnify and hold the Funeral Home harmless from any and all claims arising from these instructions

I/We state, represent and warrant that I am/We are (Check Only One)

- _____ The spouse of the Deceased at the time of death.
_____ All of or the only surviving adult child(ren) of the Deceased.
_____ All of or the only surviving parent(s) of the Deceased.
_____ All of or the only surviving sibling(s) of the Deceased.
_____ All of or the only person(s) in the next degree of kinship not listed above.
_____ A person designated as The Durable Power of Attorney with specific direction for the disposition of the remains of the Deceased.
_____ Other (Describe by what Authority; i.e. Court Order, Public Official _____

SIGNATURES OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all the representations and statements made herein are true and correct and the I/We have read and understand all of the provisions contained in this document. This Authorization may be executed in multiple counterparts, each counterpart shall together constitute one agreement. This Authorization for Cremation was executed on the _____ day of _____, 20____ I/We agree to indemnify, release and hold the Crematory, the Funeral Home, their affiliates, agents, employees and assigns harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation, processing and disposition of the cremated remains of the deceased, authorized herein, or my/our failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, the Crematory or any of their respective affiliates, agents or employees. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

Signature _____ Printed Name _____ Relationship _____

Address _____ Telephone _____

Signature _____ Printed Name _____ Relationship _____

Address _____ Telephone _____

Signature _____ Printed Name _____ Relationship _____

Address _____ Telephone _____

Signature _____ Printed Name _____ Relationship _____

Address _____ Telephone _____

ALL Signatures Must Be Notarized If Not Signed in The Presence of A Licensed Funeral Director

Signature of Funeral Director: _____ License No.: _____

Name of Funeral Establishment: _____

Address: _____ Telephone: _____