

**AUTHORIZATION FOR CREMATION AND DISPOSITION OF HUMAN REMAINS**

Littlebrook Cremation Company

420 Continental Drive

Maryville, Tennessee 37804

(865)-980-2997 Fax: (865)-980-2998

Cremation Number \_\_\_\_\_

I (We), the undersigned (Authorizing Agent(s)), hereby authorize DOGWOOD CREMATION, LLC  
POWELL, TN (Funeral Home, City, and State)  
and LITTLEBROOK CREMATION COMPANY (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:

☐ Pacemaker/ Defibrillator ☐ Prosthesis

**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: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
License #                      State                      Signature of Funeral Director as Witness for Authorizing Agent(s)                      Signature(s)                      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: \_\_\_\_\_