

TILLMAN FUNERAL HOME & CREMATORY

CREMATION AUTHORIZATION

I, the undersigned, hereby request and authorize Tillman Funeral Home & Crematory, and/or its agents, independent contractors, or employees to arrange for the cremation of the remains of:

NAME

DATE OF DEATH

I certify that I am the nearest degree of relationship to the deceased and/or am legally authorized or charged with the responsibility for disposition of the deceased's remains.

I further authorize this method of disposition with full knowledge that a representative of Tillman Funeral Home & Crematory is acting upon the identification of the body by the undersigned. I assume all liability for the mistaken identity or incorrect identification and do hereby agree to indemnify and hold harmless Tillman Funeral Home & Crematory and its officers, agents, and employees from any and all claims, suits, or causes of action, including a reasonable attorney's fee for the defense thereof arising out of my act of identification.

I, for myself and my heirs, do agree to indemnify and hold harmless Tillman Funeral Home & Crematory, and its officers, agents and employees from any and all claims or causes of action, including a reasonable attorney's fee for the defense thereof, arising out of my decision not to embalm, or arising out of any decision indicated by this agreement which may result in mental or physical distress or anguish or harm or financial loss to myself or others. I acknowledge further that, the process of cremation is an irreversible act, and I assume all liability which may result from such an irreversible act.

I understand that due to the nature of the cremation process any valuable or invaluable material, including dental gold, is not recoverable.

I state that the deceased has not had a heart pacemaker implanted, radiation producing device, nor any other life sustaining device that could be explosive. If such a device exists, the funeral director is hereby authorized to remove it before cremation, and is not responsible for any damage to the device. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such a device, I will be liable for any damages to the crematory or injuries to crematory or funeral home personnel.

I understand that cremated remains are bone fragments, which will be reduced in size and placed in a container of suitable size. In the event that the capacity of a provided container (urn, etc.) is less than the amount of the cremains, the crematory is hereby authorized to return said excess cremains in a temporary container. I understand that Tillman Funeral Home & Crematory may dispose of cremains if they are not called for within 60 days of the date of death.
Instructions for disposition of cremains:

Signature of Authorizer

Relationship

Print Name of Authorizer

Date

X _____
Witness

Received the Cremains of the above named deceased this _____ day of _____

Relationship to deceased and signature _____