



McNutt - Brock Crematory
 1604 Porter Rd.
 Conroe, TX. 77301
 Ph. 936 - 242 - 6805 ** Fax. 936 - 242 - 6813

Authorization For Cremation

IDENTIFICATION			
Name Of Decedent:			
Date of Death:	Time of Death	Place of Death	Sex: M / F
Was the death caused by an infectious disease? Y / N			Age:

Limitation of Liability

As the Authorizing Agent(s), I (we) hereby agree to Indemnify, defend, and hold harmless McNutt - Brock Crematory, its officers, agents and employees, of and from any all claims, demands, 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 McNutt - Brock Crematory, the processing, shipping and final disposition of the decedents 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 explosive implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the cremated remains, or any other action performed by McNutt -Brock Crematory, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENT

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 McNutt - Brock 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: X	
Relationship to Decedent:		Phone No.:	
Address:	City:	State:	Zip:
		Name of Person Receiving Cremains	
		Signature and Date Received Cremains	

PACEMAKERS, PROSTHESIS AND RADIOACTIVE IMPLANTS

Please initial one of the next two paragraphs

_____ The decedents remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. They are safe to cremate.

_____ The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation.

_____ I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to cremating the decedent.

Funeral Home/Crematory Use	
Signature of Funeral Director and License #	Date Received
Name of Funeral Home or Other Establishment	Date of Cremation
Address of Funeral Home or Other Establishment	Cremation Identification Tag #
Phone Number of Funeral Home or Other Establishment	Signature of Cremation Technician