

**East Tennessee Cremation Company**  
**503 National Drive**  
**Maryville, TN 37804**  
**865/970-2087**  
[tifgtn@yahoo.com](mailto:tifgtn@yahoo.com)

**POLICIES, PROCEDURES AND REQUIREMENTS**

Title 62, Chapter 5, Part 5, et seq, of the Tennessee Funeral Laws, 2010 edition, requires that a crematory comply with the restrictions therein. The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all government laws, and the policies, procedures and requirements of the **East Tennessee Cremation Company** and the designated funeral home. This document describes many of the policies and requirements of **East Tennessee Cremation Company** and is incorporated in our Cremation Authorization Form. Please read this document carefully before executing the Cremation Authorization Form. Also please initial each paragraph to indicate that you understand the terms of that paragraph and sign the Authorizing Agent Space at the end to signify that you have read and understand this entire document.

**EAST TENNESSEE CREMATION COMPANY'S REQUIREMENTS FOR CREMATION**

Cremation will take place only after all of the following conditions have been met:

- 1) Any scheduled ceremonies or viewing have been completed.
- 2) Civil and medical authorities have issued all required permits.
- 3) All necessary authorizations have been obtained, and no objections have been raised.

**Initials of Authorizing Agents:** \_\_\_\_\_

**CASKETS/CONTAINERS**

East Tennessee Cremation Company requires either a wood casket or an alternative cremation container be used for cremations. All caskets and alternative containers must meet the following standards: 1) be composed of materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for the health and safety of crematory personnel. Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g. decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. East Tennessee Cremation Company, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

**Initials of Authorizing Agents:** \_\_\_\_\_

**PACEMAKERS, PROSTHESIS AND RADIOACTIVE DEVICES**

Pacemakers, prosthesis, cardiac defibrillators and other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that these devices be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, the person(s) authorizing cremation will be responsible, and will save and hold harmless East Tennessee Cremation Company for any damages caused by such devices or implants.

**Initials of Authorizing Agents:** \_\_\_\_\_

**THE CREMATION PROCESS**

All cremations are performed individually. Cremation is performed, by placing the deceased in a casket or other container and then placing the casket or other container into the cremation chamber, where they are subject to intense heat and flame. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven-off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them. Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework) that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed, or if not destroyed, will be disposed of by the **East Tennessee Cremation Company**, absent specific instructions to the contrary by the authorizing agent. East Tennessee Cremation Company will not be responsible for the removal of any valuables or other item remaining in the casket or container at the time of cremation. Therefore, arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to the Crematory. Following a cooling period, the cremated remains, which normally weigh several pounds in the case of an average size adult, are then swept or raked from the cremation chamber. East Tennessee Cremation Company makes a reasonable effort to remove all of the cremated remains from the chamber, but, it is impossible to remove all of them, as some dust and other residue from the process is always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility. After the cremated remains are removed from the chamber, all non-combustible materials (insofar possible), such as bridgework and materials from the casket or container, such as hinges, latches, nails, etc. will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed by East Tennessee Cremation Company with similar materials in a non-recoverable manner. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, all remains will be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains. All remains are then placed into an approved urn or container for final disposition. The entire cremated remains are then returned to the responsible party.

**Initials of Authorizing Agents:** \_\_\_\_\_

**URNS/CONTAINERS**

After the cremated remains have been processed, they will be placed in the designated urn or container. **East Tennessee Cremation Company** will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Cremation Authorization Form. **East Tennessee Cremation Company** requires that all urns or containers provided be appropriate for shipping or permanent storage and that in the case of an adult, it is recommended that the urn or container be a minimum size of 300 cubic inches. If such an urn container is not provided for the cremated remains, then East Tennessee Cremation Company will place the cremated remains in a container designed for shipping or permanent storage.

**Initials of Authorizing Agents:** \_\_\_\_\_

**FINAL DISPOSITION**

Cremation is NOT final disposition, nor is placing the cremated remains in storage at the funeral home, final disposition. The cremation process simply reduces the decedent’s body to cremated remains. These cremated remains usually weigh several pounds and usually measure in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. Therefore, East Tennessee Cremation Company strongly suggests that arrangements for final disposition be made at the time the cremation arrangements are made and that the Cremation Authorization Form is completed. If the final disposition for the cremated remains has not been completed within 180 days of the cremation, then **East Tennessee Cremation Company** shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law. If the option selected for final disposition includes scattering, then the cremated remains will not be recoverable.

**Initials of Authorizing Agents:** \_\_\_\_\_

**LIMITATIONS OF LIABILITY**

The obligations of **East Tennessee Cremation Company** shall be limited to the cremation of the decedent and the disposition of the decedent’s cremated remains as authorized on the Cremation Authorization Form. No warranties express or implied are made and damages shall be limited to the amount of the cremation fee paid.

**Initials of Authorizing Agents:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT**

I hereby acknowledge receipt of a copy of this document entitled “East Tennessee Cremation Company, Policies, Procedures and Requirements” for cremation of \_\_\_\_\_ who died on \_\_\_\_\_.

I hereby have read and understand the above referenced documents and all paragraphs therein, as indicated by initials following each paragraph.

Primary Authorizing Agent \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**Signature of Funeral Home Representative:**

\_\_\_\_\_ Date \_\_\_\_\_ Funeral Directors License# \_\_\_\_\_

**Name and Address of Funeral Home**

\_\_\_\_\_ Establishment License# \_\_\_\_\_

**CREMATION AUTHORIZATION, DISPOSITION, AND DECEDENT IDENTIFICATION FORM**

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request **EAST TENNESSEE CREMATION COMPANY, 503 National Drive, Maryville, TN, 865/970-2087**, in accordance with and subject to its rules and regulations and any applicable state/provincial or local laws or regulations, to cremate the human remains of \_\_\_\_\_ (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth on this form.

**IDENTIFICATION**

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 **EAST TENNESSEE CREMATION COMPANY** for cremation.

D.O.B. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.D. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_  
Marital Status \_\_\_\_\_ S.S# \_\_\_\_\_

Place of Death \_\_\_\_\_  
Facility or Residence (address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

I (We) have read the attached document entitled "East Tennessee Cremation Company Policies, Procedures and Requirements", and hereby authorize East Tennessee Cremation Company to perform the cremation of the decedent in accordance with that document.

Was this death caused by an infectious or contagious disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**TIME OF CREMATION**

East Tennessee Cremation Company is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.  
Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain and complete the next line: \_\_\_\_\_  
\_\_\_\_\_

The cremation shall take place on \_\_\_\_\_ (day) \_\_\_\_\_ (date), at \_\_\_\_\_ (time)

**PACEMAKERS, CARDIAC DEFIBRILLATORS AND RADIOACTIVE IMPLANTS**

Did the decedent's remains contain a pacemaker, or any device that could harm crematory? Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO EAST TENNESSEE CREMATION COMPANY.**

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MERCHANDISE**

Type of casket or container selected: \_\_\_\_\_

Type of urn or container selected: \_\_\_\_\_

**FINAL DISPOSITION**

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, **East Tennessee Cremation Company** will arrange for the disposition of the cremated remains of \_\_\_\_\_ as follows, and the Authorizing Agent(s) hereby authorizes East Tennessee Cremation Company to release, deliver, transport, or ship the cremated remains as specified. Authorizing Agent must initial below to indicate approval of disposition in accordance with the following instructions.

\_\_\_\_\_ Deliver or release cremated remains in the following manner:

Deliver to: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Scheduled Date of Delivery or Release: \_\_\_\_\_

*Deliver the cremated remains to* \_\_\_\_\_ (name of carrier) for shipment in my name as cosigner to \_\_\_\_\_ (name and address of consignee) for permanent disposition.

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

\_\_\_\_\_ All risk or loss for damage or delivery by common carrier or otherwise, shall be and remain that of the Authorizing Agent.

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend and hold harmless **East Tennessee Cremation Company**, its officers, agents and employees, of and from any and 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 the East Tennessee Cremation Company, the processing, shipping and final disposition of the decedent's 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 exploitable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by East Tennessee Cremation Company, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

**AUTHORITY OF AUTHORIZING AGENT**

I (We) hereby certify that the decedent left the following surviving heirs at law:

**Spouse:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Name** \_\_\_\_\_

**Children:** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, how many?** \_\_\_\_\_

**Name(s)** \_\_\_\_\_

**Parents:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Siblings:** Yes \_\_\_\_\_ No \_\_\_\_\_ **How Many?** \_\_\_\_\_

**Name(s)** \_\_\_\_\_

If all responses are no, the person in the next degree of kinship to the decedent is (are):

\_\_\_\_\_ **If the legal next of kin or if all persons of the same degree of kinship are not signing above, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorizations if necessary, shall be attached to and considered part of this form. Therefore, I (we), the undersigned, hereby certify that I am the closest living next of kin and that I am related to the decedent as his/her \_\_\_\_\_ or that I otherwise serve (served) in the capacity of \_\_\_\_\_ to the decedent, that I have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws and state/providence of \_\_\_\_\_, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. I am aware of no objection by any spouse, child, parent or sibling specified.**

**SIGNATURE OF AUTHORIZING AGENTS**

**THIS IS A LEGAL DOCUMENT. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully.**

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 East Tennessee Cremation Company, 503 National Drive, Maryville, TN, 865/970-2087, 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\_\_\_\_.

**Primary Authorizing Agent**

**Signature of Authorizing Agent** \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Other Authorizing Agent**

Signature of Authorizing Agent \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Other Authorizing Agent**

Signature of Authorizing Agent \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Other Authorizing Agent**

Signature of Authorizing Agent \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Other Authorizing Agent**

Signature of Authorizing Agent \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**For additional Authorizing Agents, if any, see attached form.**

\_\_\_\_\_  
**Signature of Arranging Funeral Director**

\_\_\_\_\_  
**Directors License#**

\_\_\_\_\_  
**Establishment License#**

Date \_\_\_\_\_

**REPRESENTATION OF FUNERAL DIRECTOR**

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge, the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s) are incorrect.
3. That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached. That the human remains delivered to East Tennessee Cremation Company and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.
4. That the representations contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
5. That the representations contained above concerning a pacemaker and any other implants that may be potentially hazardous are true.
6. That the Funeral Director and the Funeral Home that he/she represents understand that **East Tennessee Cremation Company** shall dispose of all remains left in their possession for longer than one hundred eighty (180) days in a legally acceptable manner. Further, the Funeral Director and the Funeral Home agree that a fee of Seventy-Five Dollars (\$75.00) shall be charged to the Funeral Home for these services.
7. The Medical Examiner of the County in which the death occurred has signed the release or has given verbal permission authorizing the cremation of the decedent.

\_\_\_\_\_  
**Licensed Funeral Director**

**Cremation Society of East Tennessee, 116 Durwood Rd. Knoxville, TN 37922**  
**Name and Address of Funeral Home**

**CREMATION IDENTIFICATION AND HOLD HARMLESS AGREEMENT**

The undersigned represents to the Funeral Home that the undersigned is the surviving spouse or next of kin of the decedent, or is the legal representative of the decedent, in fact or as appointed by the surviving spouse or next of kin, and as such, has the paramount right to direct the disposition of the remains of the decedent. The undersigned, having viewed the remains, does hereby identify the same as the body of the before mentioned deceased. Ample time has been given the undersigned to assure proper identification prior to the execution of this document, and by signing the same the undersigned acknowledges that there is no doubt or question regarding this identification or information. Additionally, the undersigned assumes all liability for mistaken identification or incorrect identification and does hereby agree to hold all others harmless from any and all claims, suits, or causes of action, including a reasonable legal fee for defense thereof brought by any person, firm, or corporation, or the personal representative thereof, arising out of identification, request for cremation, and disposition of these remains.

Decedent \_\_\_\_\_

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**ACCEPTANCE OF CREMATED REMAINS**

I hereby certify that on this date, I have obtained and taken possession of the cremated remains of \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_