



# McNutt - Brock Crematory

1604 Porter Rd.  
 Conroe, TX. 77301  
 Ph. 936 - 756 - 2724 \*\* Fax. 936 - 756 - 2744

## 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 Indemnity, 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:

### 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.

Notarization	
Notarization is required if the authorizing agent is unable to sign in the presence of a licensed a funeral director.	
State of: _____	
County of: _____	
This foregoing instrument was acknowledged before me this: _____ day of: _____ 20____.	
Seal	
Notaries official signature	My Commission Expiration
Funeral Director & Establishment	
Signature of Funeral Director and License #	Name of Funeral Establishment
Address of Funeral Establishment	Phone Number of funeral Establishment