Cheatham Hill Memorial Park
Authorization and Acknowledgment Form For Ossuary Placement of Cremated Remains

Cheatham Hill Memorial Park ("CHMP") provides an ossuary as an option for families as a final resting place for cremated remains. Because placement of cremated remains into an ossuary is an irreversible process, CHMP asks that you read and sign this Authorization and Acknowledgment Form ("Agreement"). By accepting the terms in this Agreement, you allow CHMP to accept the cremated remains of the Deceased, identified below, and to place them in our ossuary.

Please provide information regarding the Deceased:

_____	_____	_____
Name of Deceased	*Date of Birth*	*Date of Death*

Please provide information on your relationship to the Deceased:

_____ **FAMILY** – If you select family, you represent that you are the Legal Authorizing Agent of the Deceased; As the Authorizing Agent, you represent that you have the full authority and legal right to determine the final disposition of the cremated remains of the Deceased.
Initials

_____ **FUNERAL HOME** – If you select Funeral Home, you represent that you have met ALL state requirements in order to identify and notify the Authorizing Agent of the Deceased.
Initials

CHMP requires the following items for placement in an ossuary:
☐ Copy of a Burial Permit and/or Cremation Permit
☐ Copy of the Certificate of Cremation

CHMP may require any or all of the following items for placement in an ossuary:
☐ Signed Authorization and Acknowledgment Form to Inter Cremated Remains
☐ Copy of the Cremation Authorization and Disposition Form
☐ Copy of a Death Certificate
☐ Copy of any available obituary and/or biographical information and obituary of the Deceased
☐ Copy of DD 214 Form or other paperwork showing branch of service and honorable discharge

Please provide your Authorization, Acknowledgment, and Release:

I/We understand that the cremated remains we provide will be comingled with other cremated remains;
I/We understand that placement in an ossuary is permanent and irreversible;
I/We understand that any memorialization is subject to the Rules and Regulations of CHMP;
I/We authorize CHMP to remove the cremated remains from the urn and dispose of the urn unless I request the urn;
I/We hereby release and hold harmless CHMP, their agents, officers, and employees from any and all actions, claims, demands, damages, costs, and liability, including but not limited to those arising out of emotional or physical injury, distress or trauma attributed to any services, including but not limited to the placement of the cremated remains into the ossuary, provided by CHMP for the Deceased.

I/We hereby understand, accept, and acknowledge the terms in this Agreement:

_____	_____	_____	_____
NAME Authorizing Agent	*Signature Authorizing Agent*	*Relationship*	*Date*
_____	_____	_____	_____
NAME Authorizing Agent	*Signature Authorizing Agent*	*Relationship*	*Date*

WITNESS:

_____	_____	_____
NAME	*Signature*	*Date*

Southern Cremations & Funerals