

ALL FAMILIES MORTUARY/CREMATORY

LIC#2507

806 West Trinity Street • Madisonville, TX 77864

AUTHORIZATION FOR CREMATION AND DISPOSITION FORM

Cremation Number: _____ Date: _____

The undersigned hereby requests and authorizes All Families Mortuary/Crematory (hereinafter referred to as "Crematory") located at 806 West Trinity Madisonville, Texas 77864, in accordance with and subject to their rules and regulations, to cremate the remains of:

Name: _____ Gender: _____ Age: _____

Last Permanent Address:

City: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Death: _____

Time of Death: _____ () AM () PM.

Place of Death: _____

Cause of Death _____

Religious Affiliation: _____ Name of Parish: _____

Casket Type: Wood _____ Metal _____ Alternative Container _____

Embalmed: Yes _____ No _____

Name of Funeral Establishment _____

Name of Funeral Director _____

The undersigned further acknowledges that the death () was () was not, due to an infectious or contagious

disease. The approximate body weight is _____.

Authority of Authorizing Agent

I (We), the undersigned, hereby certify that I (we) are the closest living next of kin of the decedent and that _____

I (we) are related to the decedent as his/her _____

_____ or that I (we) serve in the capacity of _____, to the decedent, that I (we) have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the State of Texas, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. I am (We are) not aware of any person with superior or equal priority right to arrange, control, or authorize the cremation and disposition of the remains of the decedent, but in the event there is another person who has equal priority right to me (us), I (we) have made all reasonable efforts but failed to contact that person and believe that person would not object to the cremation.

Limitation of Liability

As the authorizing agent(s), I (we) hereby agree to indemnify, defend, and hold harmless All Families Crematory, and _____ funeral home, including

its officers, agents, and employees from any and all claims, demands, causes or 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 "Crematory", the processing, shipping and final disposition of the decedent or 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 explodable 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 "Crematory", its officers, agents, or employees pursuant to this authorization, excepting only acts of willful negligence.

All Families Mortuary, in conducting the cremation is relying on the accuracy of all the information and representation of the parties authorizing the cremation, and the stated representing funeral home / mortuary. Accordingly, the obligations of All Families Mortuary shall be limited to the cremation of the decedent as authorized in this document. No warranties express or implied are made and damages shall be limited to the amount of the cremation fee paid.

Identification

I (We) have positively identified the human remains, either in person or by photograph, that were delivered to

_____ ("Funeral Establishment") as the Decedent, and I (we) have authorized the Funeral Establishment to deliver the Decedent's human remains to the Crematory for cremation.

INITIALS

INITIALS

Viewing or Service

Have arrangements been made by the Authorizing Agent(s) for a viewing of the Decedent or a service before cremation? () Yes () No. If yes, please give the date and time of the viewing or service.

Date: _____ Time: _____

The Cremation Process

All cremations are performed individually. Immediately prior to being placed within the cremation chamber, an identification tag described with a number shall be placed at the cremation chamber, where it shall remain in place until the cremation process is complete. Cremation is performed by placing the decedent in a casket suitable for cremation or a cremation container and then placing casket or container into a cremation chamber or retort, where it is subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the decedent in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed except bone fragments (calcium

compounds) and some metals including dental gold, silver, and other 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 bridgework), that are left with the decedent and not removed from the casket or container prior to the cremation, will be destroyed or if not destroyed, will be disposed by the Crematory. Burials of materials not destroyed will occur when the Crematory deems it necessary and at its discretion.

I (We) the undersigned have been notified that "Crematory" shall not cremate human remains when it has actual knowledge that the human remains contain a pacemaker, have been subjected to nuclear

therapy, or contain other implants that may present a hazard to those performing the cremation and pulverizing and processing of the cremated remains; I (We) further represent that these human remains () do or

() do not contain any materials or implants that may be potentially hazardous to equipment. In the event that the remains contain these items I (certify that they have been removed by the funeral director from Funeral Home.)

Following the cooling period, the cremated remains, which will normally weigh six to eight pounds in the case of an average size adult, are then swept or raked from the cremation chamber. The Crematory makes reasonable effort to remove all the cremated remains from the cremation chamber, but is impossible to remove all of them, as some dust or small residue will be left behind.

After the cremated remains are removed from the cremation chamber, the bone fragments are separated from other materials, and they will then be mechanically processed (pulverized). This process of crushing or grinding then reduces the bone fragments to a fine dust. These granulated particles will be virtually unrecognizable as human remains.

A listing of all items of value and instructions for disposition of the same:

Final Disposition

After the cremation has taken place, the cremated remains have been processed and placed in the designated receptacle, it is the responsibility of the authorizing agent to detail the manner of final disposition.

The Crematory will arrange for the transportation or pickup of cremated remains. The Authorizing

agent(s) hereby authorize the Crematory to release, deliver, transport, or ship the cremated remains specified below. The authorizing agent shall specify manner of disposition of cremated remains and name of person or entity to who cremated remains are to be released:

Cemetery Private Party U.S. Mail _____ Funeral Home

Name: _____

Address: _____
Zip: _____

City: _____ State: _____

If the cremated remains have not been claimed by the authorizing agent within one hundred twenty one (121) days of the cremation, then the Crematory shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law.

If the Undersigned hereby authorized the Crematory to deliver the cremated remains by U.S. Mail, the Authorizing Agent(s) will assume all liability for any damage that may arise from any cause growing out of said delivery and to indemnify and hold the Crematory and Funeral Home harmless from any and all liability related to shipment. If cremated remains are shipped, they are to be sent only by method that has an internal tracing system available that provides a receipt signed by the person accepting the delivery. Authorizing Agent(s) are responsible for any shipping costs.

NOTE: This is a legal document. Read this document carefully before signing. It contains important provisions concerning Cremation and Disposition. Cremation is IRREVERSIBLE and FINAL.

Signature of Authorizing Agent(s)

By executing the Cremation Authorization form, the Authorizing Agent(s) attests to the fact that all representations and statements contained on this form are true and correct, that these statements were made to authorize "Crematory" to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained in this form.

I (We) have read the information contained in this document and hereby authorize "Crematory" to perform the cremation of the decedent in accordance with this document.

If the legal next of kin or all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

Name: _____

Signature: _____

Relationship: _____

Name: _____

Signature: _____

Relationship: _____

Name: _____

Signature: _____

Relationship: _____

Name: _____

Signature: _____

Relationship: _____

Name: _____ Name: _____

Signature: _____	Signature: _____
Relationship: _____	Relationship: _____
Name: _____	Name: _____
Signature: _____	Signature: _____
Relationship: _____	Relationship: _____

Signature of Licensed Funeral Director

Printed Name of Funeral Director and Funeral Director's License Number

Name of Funeral Home / Mortuary

Address of Funeral Home
Establishment _____

Facsimile Transmission Approval

I hereby warrant that I am the person listed on this document as the Authorizing Agent(s), legally permitted

to authorize the cremation of _____, and that I have executed this form in the presence of a Notary Public, as described below. In addition I am not aware of any objection to this cremation by any spouse, child, parent, sibling or legal guardian specified on this authorization form.

In addition to all other authorization, representation and warranties contained in this Cremation Authorization, I hereby authorize "Crematory" to cremate the body of

_____, upon its receipt of an executed copy of this form,

I agree to hold "Crematory" harmless and to fully indemnify it for any such action that it takes based upon a facsimile transmission or any other electronically reproduced copy of these forms. I further warrant that I will arrange for the original version of these documents that bear my actual signature, be delivered directly to "Crematory" without delay.

Authorizing Agent Printed Name

Authorizing Agents Signature

Date

Authorizing Agent Printed Name

Authorizing Agents Signature

Date

Authorizing Agent Printed Name

Authorizing Agents Signature

Date

Authorizing Agent Printed Name

Authorizing Agents Signature

Date

Notary Public Acknowledgment

State of _____ County of _____

As a Notary Public I hereby confirm that _____, whose signature(s) are set forth above as "Authorizing Agent(s)" executed this Cremation Authorization Form-Supplement-Facsimile Transmission Approval in my presence.

Subscribed to and sworn before me this

_____ Day of _____, 20

(SEAL)

Notary Public Signature (In Black Ink)