

Instructions for completing the CREMATION AUTHORIZATION AND DISPOSITION FORM

PRINT THIS FORM AND FOLLOW THE INSTRUCTIONS

1. Print the full name of the deceased
- 2a. Initial here if you identified the deceased at the place of death.
- 2b. Initial here if you did not identify the deceased, and you waive the right of identification.
3. Check the “YES” box if Heart of Texas can begin the cremation once it obtains all necessary permits and the 48 hour waiting period has passed, or check the “NO” box if the cremation shall take place at a scheduled date and time.
4. Initial here to confirm your choice for #3.
5. Check the “YES” box if you wish to view the deceased prior to the cremation, or check the “NO” box if you do not wish to view the deceased. If you checked “YES” please check with Heart of Texas for a date and time to view.
6. Check the “YES” box if you want to witness the cremation or check the “NO” box if you do not want to witness the cremation. If you checked “YES” write your name or the name of anyone else that wants to witness the cremation.
7. Check the “DOES” box if the deceased has a pacemaker or check the “DOES NOT” box if the deceased does not have a pacemaker.
8. Initial here to confirm your choice for #7
9. Initial here to confirm use of an unfinished fiberboard container as the container that the deceased will be placed in prior to cremation.
- 10a. If the cremated remains are to be given to a funeral home or cemetery fill in the name of the firm.
- 10b. If the cremated remains are to be picked up fill in the name of the person who will receive them.
- 10c. If the cremated remains are to be shipped, complete #12.
11. Initial here to confirm your choice for #10a, 10b or 10c.
12. If mailing, provide complete address.
13. Initial here to confirm acceptance of terms.
14. Date and complete highlighted areas.
15. **You will sign this page in front of a Notary Public, and the Notary Public will complete the rest.**

FAX THIS FORM TO 512.394.7277 AND THEN MAIL TO: P.O. BOX 326, Dripping Springs, TX 78620

Heart of Texas Cremation & Burial Service Crematory

Mail: P.O. Box 326, Dripping Springs, Texas 78620

512.243.7277/512.394.7277 fax

www.heartoftexascremations.com

CREMATION AUTHORIZATION AND DISPOSITION FORM CASE # _____

NOTICE: THIS IS A LEGAL DOCUMENT THAT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.

I, the undersigned (hereinafter referred to as the "Authorizing Agent"), hereby authorize and request Heart of Texas Cremation & Burial Service Crematory (hereinafter referred to as "Heart of Texas"), in accordance with and subject to its rules and regulations, and the State of Texas 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 authorization form.

IDENTIFICATION

1. Name of Decedent: _____

Date of Death: _____ Time of death: _____ () a.m. () p.m. Age: _____ Sex: M F

Place of Death: _____ Weight _____

I have identified the human remains as the decedent, and have authorized the delivery of the decedent to Heart of Texas, for cremation.

2a. **Initials of Authorizing Agent: _____

OR: I have chosen to waive the right of identification and assume full responsibility on behalf of such waiver.

2b. **Initials of Authorizing Agent: _____

TIME OF CREMATION

3. Heart of Texas 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 complete the next line

The cremation shall take place on _____ (day) _____ (date), at **8:30 a.m.**

4. **Initials of Authorizing Agent: _____

VIEWING OF THE DECEASED

5. Have arrangements been made by the Authorizing Agent for a viewing of the deceased person before the cremation?

Yes No If yes, please give the date and the time of the viewing.

Date: _____ Time: _____ () a.m. () p.m.

WITNESSING OF CREMATION

6. Are there any people who wish to witness the cremation? **Yes** **No**

If yes, please provide their names _____

PACEMAKERS, PROSTHESES, RADIOACTIVE IMPLANTS

7. I declare that to my knowledge the deceased **DOES** **DOES NOT** contain a pacemaker or any other material or implant that may potentially be hazardous or cause damage to the cremation chamber or the person performing the cremation.

If present, I have instructed the funeral home to remove or arrange for the removal of the devices and to dispose of them prior to transporting the decedent to the Crematory Establishment.

8. ****Initials of Authorizing Agent:** _____

MERCHANDISE

Type of casket or container selected: **Unfinished Fiberboard Container**

THERE WILL BE NO ITEMS OF VALUE TO ACCOMPANY DECEDENT TO THE CREMATORY.

9. ****Initials of Authorizing Agent:** _____

FINAL DISPOSITION

10. The Authorizing Agent assumes responsibility for the disposition of the cremated remains; and the crematory establishment may: release to the Authorizing Agent, in person, the cremated remains of the deceased person; ship the cremated remains to the Authorizing Agent if the Agent authorizes shipment and provides a shipping address on the authorization form; or dispose of the cremated remains in accordance with this chapter not earlier than the 121st day following the date of cremation if the cremated remains have not been claimed by the Authorizing Agent.

a. Name of funeral home or cemetery authorized to receive the cremated remains _____

b. Name of person authorized to receive the cremated remains _____

c. Ship via U.S. Mail (Registered Return Receipt Required) **complete number 12 below**

11. ****Initials of Authorizing Agent:** _____

12. **If mailing, provide address:**

Name of person or firm: _____

Address: _____

City, State, Zip _____

Please indicate the permanent final disposition of the cremated remains, if known: _____

LIMITATION OF LIABILITY

As the Authorizing Agent, I hereby agree to indemnify, defend, and hold harmless Heart of Texas, its officers, agents and employees, of and 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 Heart of Texas, 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 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 Heart of Texas, its officers, agents, or employees pursuant to this authorization, excepting only acts of willful negligence.

13. ****Initials of Authorizing Agent:** _____

SIGNATURE OF AUTHORIZING AGENT

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The Authorizing Agent has the right to authorize the cremation of the deceased person and is not aware of any person with a superior or equal priority right; or if another person has an equal priority right to authorize cremation, the authorizing agent: has made all reasonable efforts but failed to contact that person and believes the person would not object to the cremation; and agrees to indemnify and hold harmless the funeral establishment and the crematory establishment for any liability arising from performing the cremation without the person’s authorization, and authorize the crematory establishment to cremate the human remains.

By executing this Cremation Authorization Form, as Authorizing Agent, the undersigned states that all representations and statements contained on this form are true and accurate, that these statements were made to contract with Heart of Texas to cremate the human remains of the decedent, and that the undersigned has read and understands the provisions contained on this form.

14. Executed this _____ day of _____, 20_____.

Signature _____
Print Name _____ Relationship to Decedent _____

Address _____

Phone No. _____

This form MUST be signed in front of a Notary Public.

15.

(Signature of Authorizing Agent) Sign Here in front of Notary Public

Signed this _____ day of _____, 20_____.

State of _____

County of _____

(Signature of Notary Public)

(Printed name of Notary Public)

SEAL

My commission expires:
