

NORTH TEXAS FUNERALS AND CREMATIONS ("The Crematory")
AUTHORIZATION FOR CREMATION & DISPOSITION

I, THE UNDERSIGNED, DO HEREBY CERTIFY, WARRANT AND REPRESENT THAT I AM THE PERSON WHO BY LAW HAS THE PARAMOUNT RIGHT TO ARRANGE AND DIRECT THE CREMATION, PROCESSING AND DISPOSITION OF _____ (HEREAFTER REFERRED TO AS "THE DECEASED"), AND THAT NO OTHER PERSON(S) HAS A SUPERIOR OR EQUAL RIGHT OVER ME. I HEREBY REQUEST AND AUTHORIZE _____ North Dallas Funeral Home/cremation-online.com (THE FUNERAL HOME), AT _____ 2710 Valley View Lane, Farmers Branch, Tx 75234 TO TAKE POSSESSION OF AND MAKE ARRANGEMENTS FOR CREMATION OF THE DECEASED AT NORTH TEXAS FUNERALS AND CREMATIONS CREMATORY.

DATE OF DEATH: _____ **TIME:** _____ AM/PM

_____ I AUTHORIZE THE CREMATORY TO RETURN THE CREMATED REMAINS OF THE DECEASED TO THE FUNERAL HOME.

_____ I AUTHORIZE SHIPMENT VIA U.S. REGISTERED MAIL TO: _____

_____ I AUTHORIZE THE CREMATORY/FUNERAL HOME TO DISPOSE OF THE CREMATED REMAINS IN ACCORDANCE TO CHAPTER 716, NOT EARLIER THAN THE 121ST DAY FOLLOWING DATE OF CREMATION, IF THE CREMATED REMAINS HAVE NOT BEEN CLAIMED BY THE AUTHORIZATION AGENT, AND THAT I AGREE TO PAY FOR ANY CHARGES ASSOCIATED WITH THE DISPOSITION.

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing law, regulations, and policies of the crematory and funeral home and the following terms and conditions. Human remains must be placed in a cremation container made of combustible materials, provides a complete covering of the body, is resistant to leakage or spillage, is rigid for each handling, and protects the health and safety of crematory personnel. If a casket is used, the crematory is authorized to remove and dispose of handles, ornaments, and any other non-combustible items attached to the casket or cremation container prior to cremation. In the event the remains of the deceased are received by the crematory in a casket, or other container made of non-combustible material, I authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems appropriate.

PACEMAKERS MAY CREATE A HAZARD WHEN PLACED IN A CREMATION CHAMBER. THE CREMATORY WILL NOT CREMATE ANY HUMAN REMAINS THAT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. IN THE EVENT THE REMAINS OF THE DECEASED CONTAIN SUCH A DEVICE, I HEREBY AUTHORIZE THE FUNERAL HOME, ITS AGENTS AND EMPLOYEES TO REMOVE ANY SUCH ITEMS AT ITS DISCRETION. I UNDERSTAND THAT FAILURE ON MY PART TO NOTIFY THE FUNERAL HOME/CREMATORY OF SUCH IMPLANT COULD RESULT IN DAMAGE TO CREMATORY WORKERS AND EQUIPMENT AND I WILL BE HELD LIABLE.

***DECEASED DOES _____ DOES NOT _____** CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Description of implanted mechanical device: _____ Disposition: _____

The cremation container containing the deceased will be placed in the cremation chamber and will totally and irreversibly be destroyed by prolonged exposure to intense heat and direct flame. I authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation. Certain items, including, but not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the deceased may be destroyed during the cremation process. I further authorize that if any items, other than the cremated remains are recovered from the cremation chamber; they may be separated from the cremated remains of the deceased and disposed of by the crematory. I hereby authorized the crematory to separate and remove from the cremation chamber, all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metal, and to dispose of such materials.

Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

Unless an urn or container suitable for shipment is provided, the crematory will place the cremated remains in a container made of plastic and covered with cardboard, which is destructible, and will not be held liable for any damages that might occur during shipment. In the event this container, or provided urn, is insufficient to accommodate all of the cremated remains, any excess cremated remains will be placed in a secondary container and returned to the funeral home, together with primary container or urn.

I UNDERSTAND AND ACKNOWLEDGE, THAT EVEN WITH THE EXERCISE OF REASONABLE CARE, AND THE USE OF THE CREMATORY'S BEST EFFORTS, IT IS NOT POSSIBLE TO RECOVER ALL PARTICLES OF THE CREMATED REMAINS OF THE DECEASED AND THAT SOME PARTICLES MAY INADVERTENTLY BECOME COMMINGLED WITH PARTICLES OF OTHER CREMATED REMAINS REMAINING IN THE CREMATION CHAMBER AND/OR DEVICES USED TO PROCESS THE CREMATED REMAINS. I HEREBY AUTHORIZE THE CREMATORY TO DISPOSE OF SUCH PARTICLES IN ANY LAWFUL MANNER DEEMED APPROPRIATE.

I agree to indemnify and hold the crematory, the funeral home, their affiliates, agents, employees, and assigns harmless from any and all loss, damages, liability or cause of action (including attorney's fees and expenses of litigation) in connection with the cremation of cremated remains authorized herein, or my failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

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SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I warrant that all representation and statements made herein are true and correct and that I have read and understand the provisions contained in this document. As authorizing agent, I have the right to authorize the cremation and am not aware of any person with a superior or equal priority right; or if another person has an equal priority right all reasonable efforts to contact that person has failed and believe that person would not object to cremation and I agree to indemnify and hold harmless the funeral home and the crematory for any liability arising from performing the cremation without that person's authorization.

SIGNATURE **X** _____ RELATIONSHIP _____ DATE _____
SIGNATURE _____ RELATIONSHIP _____ DATE _____
SIGNATURE _____ RELATIONSHIP _____ DATE _____
SIGNATURE _____ RELATIONSHIP _____ DATE _____

FUNERAL DIRECTOR: _____ LICENSE #: _____

Items of value delivered to Crematory: _____

Instructions: _____

Notary Statement (The legal next-of-kin needs to sign this page (ONLY) before a notary)

Subscribed and sworn to before me, on the _____ day of _____ 20____.

Notary Public _____

State of _____, County of _____ My Commission Expires _____

Identification

As authorizing agent I acknowledge that I: (Initial)

(1) Viewed the deceased _____ Date: _____ Time: _____

(2) Viewed a picture of the deceased: _____

(3) Waived the right to identification: _____

DELEGATION OF CREMATION AUTHORIZATION AUTHORITY: I acknowledge that I am the authorizing agent and have the right to execute the cremation authorization. I hereby delegate my right to the following representative who will serve as the authorizing agent and execute the cremation authorization form.

Name of Deceased: _____

Name, Address, & Relationship to the deceased. _____

AUTHORITY TO CREMATE - JUSTICE OF THE PEACE

This form must be accompanied by authority to cremate, signed by proper relative or legal representative of the deceased together with cremation permit from the Bureau of Vital Statistics.

Name: _____ Address: _____

Date of Death: _____ Age: _____

Sending Funeral Home _____ Funeral Director: _____

I, _____, JUSTICE OF PEACE FOR PRECINCT NO. _____ COUNTY OF _____,

STATE OF _____, DO HEREBY CERTIFY THAT AN AUTOPSY (WAS PERFORMED) (NOT PERFORMED) ON THE DECEASED

BODY OF _____ WHOSE DEATH OCCURRED ON THE _____ DAY OF _____ 20____,

IN PRECINCT NO. _____, COUNTY OF _____, STATE OF _____, AND I FURTHER CERTIFY THAT

SAID BODY CAN BE LAWFULLY CREMATED. GIVEN UNDER MY HAND THIS _____ DAY OF _____ 20____,

PRECINCT NO. _____, COUNTY OF _____, STATE OF _____.

Signature _____

_____ delivered the cremated remains of _____ in a temporary container

To _____ Funeral Home on _____ 20____ at _____ am/pm

Crematory Representative Signature: _____