

West Falls Crematory

Authorization for Cremation and Disposition

Notice: This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.

I/We, the undersigned, certify, warrant and represent that I/we have the full right and authority, and unless noted otherwise by a signed and sworn statement attached to this authorization, know of no living person who has a superior priority or equal right or know of any other person with such right. If another person does exist who has a superior or equal right I/We, the undersigned, has made all reasonable efforts but failed to contact that person or have contacted that person and believes they 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 other person's authorization, under state law as prescribed by the Texas Health and Safety Code 711.002. _____ **My initials here acknowledge that I have read and that I do understand the above stated.**

I do authorize the Cremation, processing and disposition of the remains of

_____ (here after referred to as the "Deceased").

Date of Death _____ Time of Death _____

I/We hereby request and authorize _____ (here after referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at _____ (hereafter referred to as the "Crematory"), and I/we give the Crematory the authority to cremate the remains of the Deceased.

I/We understand that I/we am/are responsible for the disposition of the cremated remains and hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home.

I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the deceased as follows:

Is special handling required? ___ No ___ Yes Describe _____

Description of urn or container selected: _____

___ Deliver to _____ Cemetery

___ Released to family _____

___ Ship via U.S. Registered Mail To: Name: _____

Address: _____

(Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the United States Postal Service.)

___ Other _____

Were arrangements for a viewing of the Deceased or service with the Deceased present? ___ No ___ Yes

If yes, Date _____ Time _____

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. **I/We hereby certify that the remains of the deceased ___ Do ___ Do not contain any type of implanted mechanical or radioactive device. The authorizing agent also agrees to allow the crematory to dispose of any medical implants, metal, dental fillings etc. in an acceptable manner deemed fit by the crematory.**
2. The following items of value are to be delivered to the Crematory and handled as follows: _____
3. In the event that the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to _____
I/us by certified mail at the address (es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 120 days after such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the deceased in any lawful and dignified manner it may deem appropriate.
4. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
5. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.
6. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process. I/We acknowledge receiving, from the Funeral Home, a copy of the booklet entitled "Cremation Facts" containing additional explanatory information about the cremation process.

Signature of Person(s) Authorizing Cremation and Disposition

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document, and that I/we have received the booklet entitled "Cremation Facts".

Signature _____ Printed Name _____ Relationship to Deceased _____

Address _____ Tel. No. _____

Signature _____ Printed Name _____ Relationship to Deceased _____

Address _____ Tel. No. _____

Signature _____ Printed Name _____ Relationship to Deceased _____

Address _____ Tel. No. _____

Signature _____ Printed Name _____ Relationship to Deceased _____

Address _____ Tel. No. _____

Signature _____ Printed Name _____ Relationship to Deceased _____

Address _____ Tel. No. _____

Signature _____ Printed Name _____ Relationship to Deceased _____

Address _____ Tel. No. _____

Signature _____ Printed Name _____ Relationship to Deceased _____

Address _____ Tel. No. _____

Funeral Home Representative _____ Date _____