

# Instructions for completing Cremation Forms

[ariacremation.com](http://ariacremation.com)

**FAX ALL COMPLETED FORMS TO – \*\*214-340-8009\*\***

## Form 1: Vital Statistical Information for Texas Death Certificate

Please complete entire form.

## Form 2: Authorization or **Refusal** to Embalm at Funeral Establishment or Other Location

Sign by the “x” at the **bottom** of the form where indicated to **refuse** embalming.

Sign by the “x” in the **center** of the form where indicated if the deceased is to be embalmed.

## Form 3: Authorizations of Disclosure Agreement

Read and sign by “x” at the bottom of the form where indicated.

## Form 4: Proviso

Please read the information on this form carefully and then sign by the “x” at the bottom of the form where indicated.

## Form 5: Crematory Authorization (2 PAGE FORM)

**Page 1: Top of page:** Enter the name of the deceased at top in space provided.

**Center of page:** Initial whether deceased has a pacemaker or other implants.

**Page 2: Top of page:** 1) Legal next of kin (**\*see legal next of kin below**) must sign by “x” in front of a notary. 2) Notary must sign, stamp and date where indicated.

**\*\*Note:** If for some reason you can't have this page notarized, you must fax a **readable** copy of your driver's license with the paperwork.

**Center of page:** Under identification, initial option #3 to waive ID viewing.

**THIS IS THE ONLY FORM THAT REQUIRES NOTARIZING AND THE ONLY FORM THAT REQUIRES THE LEGAL NEXT OF KIN SIGNATURE.**

*\*See below regarding **Legal Next-of-Kin***

**\*Legal Next-of-Kin** (1) **Spouse** (if still legally married or in Texas common law) is required to sign the Crematory Authorization form. If there is no spouse the legal next of kin who is closest in blood lineage to the deceased is required to sign: (2) **all adult and/or all minor children** (person who has custody of minor children has to sign for the minor), (3) **both parents**, (4) **all siblings**, etc.

*(If unsure, please call 1-800-238-2742 for clarification)*

## Form 6: Important Information

Please read this form **carefully** and then sign at the bottom of form above “responsible party”.

## Form 7: How Did You Hear About Us?

Indicate how you found out about “**Aria Cremation Service & Funeral Homes/ariacremation.com**” sign by “x” in the middle of the form.

## Form 8: Aria Cremation Service & Funeral Homes/ariacremation.com – Statement of Funeral Goods & Services (contract) **Note\*(This will be sent to you AFTER we receive your paperwork)**

**Please provide us with a fax number or email address as to where to send this form for signing.**

**When you receive please sign at the “X” on the right hand side of form and fax back to us.**

Then please call with your **credit card information**.

**FAX ALL FORMS TO – 214-340-8009**

(Your payment receipt will be with the certified copies of the death certificate you order.)

**\*\*\*\*\*Please note\*\*\*\*\***

**The cremation cannot take place until payment for these services has been rendered.**

**PLEASE FAX ALL THE ABOVE COMPLETED FORMS TO 214-340-8009**

# Vital Statistical Information for Texas Death Certificate

**Please Print Legibly**

**\*Note: Please use legal names not nicknames**

Date of Death: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Birthplace: City \_\_\_\_\_ State/Country \_\_\_\_\_  
Marital Status: Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_ Married \_\_\_\_\_  
Surviving Spouse: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_  
Deceased Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext. \_\_\_\_\_ County: \_\_\_\_\_ Inside City Limits: Yes \_\_\_ No \_\_\_  
Father's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Mother's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_  
Education: 8<sup>th</sup> grade or less \_\_\_\_\_ 9<sup>th</sup> – 12<sup>th</sup> (no diploma) \_\_\_\_\_  
High School Graduate or GED \_\_\_\_\_ Some College (no degree) \_\_\_\_\_  
Associate \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Doctorate \_\_\_\_\_ Trade \_\_\_\_\_  
Usual Occupation: \_\_\_\_\_ Type of Industry: \_\_\_\_\_  
Ever a Police Officer in Texas: Yes \_\_\_\_\_ No \_\_\_\_\_  
Ever in Armed Forces: Yes \_\_\_\_\_ No \_\_\_\_\_ Which Branch: \_\_\_\_\_  
Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_ Race: \_\_\_\_\_

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Informants Relationship to Deceased: \_\_\_\_\_  
Informants Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Informants Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext: \_\_\_\_\_ Phone #'s: H \_\_\_\_\_ C \_\_\_\_\_  
Please provide an email address/fax number to make funeral contract available for review: \_\_\_\_\_  
Place of Death: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext.: \_\_\_\_\_ County: \_\_\_\_\_

\*Certified copies of the Death Certificates are \$21 for the 1<sup>st</sup> copy and \$4 for each additional copy.

***How many, if any, certified copies of the death certificate do you need?*** \_\_\_\_\_

**\*\*If you need the cremains of your loved one mailed to some other state or location, please indicate here by signing on this line \_\_\_\_\_ . Please give us the complete address where to send the cremains. *There is a \$175.00 charge for mailing (registered mail, return receipt requested).***

**PLEASE FAX ALL COMPLETED FORMS TO 214-340-8009**

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## AUTHORIZATION OR REFUSAL TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment: **Aria Cremation Service & Funeral Homes/ariacremation.com**

**Name of Deceased** \_\_\_\_\_ **Date of Death** \_\_\_\_\_  
**(For direct cremations, see bottom of form)**

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

\_\_\_\_\_  
**Signature of next-of-kin or Person Responsible for making arrangements for final disposition** \_\_\_\_\_  
**Date Signed**

**NOTE: Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.**

**If Authorization for embalming is oral, complete the following:**

Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.  
Authorization to embalm received from \_\_\_\_\_  
Relationship to Deceased \_\_\_\_\_  
Time \_\_\_\_\_ a.m. or p.m.      Date \_\_\_\_\_  
Received by \_\_\_\_\_

**If no authorization can be obtained, complete the following:**

I hereby acknowledge that \_\_\_\_\_ has made a reasonable effort over a period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. Times contact with family attempted: \_\_\_\_\_

\_\_\_\_\_  
Signature and License # of Embalmer

**\*\*REFUSAL TO EMBALM\*\* (Cremations)**

The undersigned, who represents the deceased, hereby declares that having the legal authority, **REFUSES** to give permission to embalm the above-named deceased individual.

**X** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

Aria Cremation Service & Funeral Homes/ariacremation.com

ARIA Fannin Memorial Gardens - 903-204-4271

Authorizations of Disclosure Agreement

Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

You confirm that you have examined the service and merchandise items listed and found them to be correct and according to the arrangements selected. By signing this right you confirm that you are aware of your right to select only such services and merchandise as you desire and that you have the legal right to arrange the funeral/cremation services for the deceased named herein.

The Federal Trade commission Trade Regulation Rule on "Funeral Industry Practices" requires certain disclosures and prohibits misrepresentations. The following is a checklist we ask those we serve to read and sign to verify that the funeral arrangement conference was conducted in compliance with the Rule. You who made the arrangements for the funeral and final disposition of the above-named decedent do hereby attest to the following:

- \*You were given a General Price List effective on 12/16/2015 prior to discussing funeral arrangements or the selection of any funeral goods or services.
- \*You were given a Casket Price List effective on 12/16/2015 prior to discussing caskets.
- \*You were given an Outer Burial Container Price List effective on 12/16/2015 prior to discussing burial containers.
- \*You were advised that the law does not require embalming except in certain special cases.
- \*You were advised that there is no law that requires a casket for direct cremation or that any container, other than an alternative container, is required for direct cremation.
- \*You were advised that the funeral home cost for the items may be different based on volume or cash discounts or other professional /trade customs where permitted by state or local law.

No claims were made to you as to the merchandise or services (embalming, casket, outer burial container) to the effect that embalming or the use of any merchandise available from us would delay the decomposition of the remains for a long term or indefinite time, or that any such merchandise would protect the body from gravesite substances. No representations or warranties were made to us about the protective features of caskets or outer burial containers other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties, if any, extended by the manufactures of such goods. No other warranties were extended to you.

Indemnification Agreement

(For use of property not supplied by or purchased from the funeral director)

The undersigned hereby assume all liability arising out of the use of and funeral or burial merchandise or other products or the use of any motor vehicle supplied by or purchased from persons and/or firms other than 5 fJU 7 fYa Ujcb'GYfj JW/ ' : i bYfU' <ca Y#fJUYa Ujcb'Wta The undersigned do hereby agree to indemnify and hold said company, its officers, agents and employees and others who might be in privity with them, or to whom they might owe a duty, harmless from any and all claims, suits or causes of action, including attorney's fees for the defense thereof brought by any person, firm or corporation, or motor vehicles, or other chattel property used in connection with the funeral or alternate to it and final disposition of the body of the deceased named herein which has been supplied or purchased from a person and/or firm other than said funeral home.

Date Signed: \_\_\_\_\_

X \_\_\_\_\_ Signature of Funeral Purchaser

\_\_\_\_\_ Relationship to Deceased

\_\_\_\_\_ Funeral Home Representative

# Proviso

**\*\*\*\*\*PLEASE READ CAREFULLY\*\*\*\*\***

**(Name of Deceased)** \_\_\_\_\_

**(Date of Death)** \_\_\_\_\_

## Death Certificates

**SECURING A DOCTOR'S SIGNATURE ON A DEATH CERTIFICATE TAKES A MINIMUM OF 5 TO 10 BUSINESS DAYS TO COMPLETE.** You will be notified immediately when certified death certificates are available for you to pick up at the funeral home. Please note that if you request the certified death certificates to be mailed to you, we will not be responsible if they are lost in the mail. It is very important that correct Vital Statistic information is given during the arrangement conference. **TO ADD OR CORRECT INFORMATION ON THE DEATH CERTIFICATE WILL TAKE A MINIMUM OF 90 DAYS.** Additional fees are involved if a death certificate is incorrect and an amendment is required. We will not be held responsible for errors on the death certificate if incorrect or inadequate information is given during the initial arrangement conference.

## The Cremation Process

A signed death certificate is required before other required documents for cremation are issued. The State of Texas has a 48 hour waiting period following death before cremation can be done unless the medical examiner will issue a cremation permit, and the medical examiner **will not** issue a permit until the death certificate is signed. It is the policy of our funeral establishments not to do a cremation without a cremation permit. Therefore, **A CREMATION TAKES A MINIMUM OF 5 TO 10 BUSINESS DAYS TO COMPLETE.**

## Receipt of Cremated Remains

**CREMATED REMAINS MUST BE PICKED UP BY THE NEXT OF KIN WITHIN 30 (THIRTY) DAYS** following notification from a representative of our funeral home that the cremation has been performed and the cremated remains are in our possession. Due to limited storage space and liability involved, we have the right to dispose of said cremated remains after the 30 (thirty) day grace period.

## Obituary Notices

There is a \$50 fee for each obituary submission to any newspaper that you request. **It is imperative that any obituary you have us submit must be approved by you before it is placed for publication.** Aria Cremation Service & Funeral Homes will not be liable for mistakes made on any obituary notice submitted to papers on your behalf. Most Newspapers have a charge for obituary notices; therefore, obituaries must be secured by a credit card or check prior to publication.

## Personal Effects

Personal Effects may have been transferred to our funeral home with your loved one. If we are in possession of any personal effects we will return them to you if you wish.

(Please initial)    Property - Accepted: \_\_\_\_\_ Dispose: \_\_\_\_\_ None \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

X

\_\_\_\_\_  
(Signature of Next of Kin)

\_\_\_\_\_  
(Signature of Funeral Director)

# IMPORTANT INFORMATION

## Please Read Carefully

**NOTICE:** This document **MUST be signed by both** the informant for the deceased and **John P. Brooks**, owner and President, **BEFORE THE CREMATION WILL TAKE PLACE**, without exception, to assure that the person contracting the services of John P. Brooks and Family understands and agrees to the information below.

1. It takes **no less** than **5 to 10 business days**, sometimes longer, to complete the cremation process. Time starts on the first business day after receiving **all vital information** of the deceased from the family. The **first step** in the process is **the doctor completing the death certificate**. **We have no control over the doctor** who is to sign the death certificate. After the death certificate is signed a permit has to be requested from the medical examiner for the cremation. It can take 2 to 3 days to receive this permit. **We have no control over the medical examiner**.

\*\*\*\*\* We highly recommend if you are planning to have a memorial service and want your loved ones ashes present for that service, that you **do not make plans for that service UNTIL** you have received the ashes. \*\*\*\*\*

**We cannot make any guarantees as to when the ashes will be ready for pickup.**

2. All **death certificates, ashes and urns** are to be picked up at the **5 f1U7 fYa UHcb'GYf i IW/ ' : i bYfU <ca Yg'%%%' 9 `BK `<k m 8 U`UgZHL `+ ) &' , "&% " ( \$, \$\$,**

3. There is a \$25.00 charge for transferring ashes into each urn that is NOT PURCHASED from our funeral home. Additionally, temporary containers are not intended for the permanent storage of cremated remains in a niche, crypt, cremation interment container, or interment space. [TEX HS. CODE ANN. § 716.155]. You may select an urn from our website or ask your funeral professional for guidance in selecting a suitable urn.

\*\*4. **When permits have been obtained for cremation**, the informant will be notified, by phone, that **the cremation is ready to be scheduled**. The caller will, by policy, **read a paragraph to the informant regarding scheduling cremation** and at that time will be given a **FINAL opportunity to verbally give permission to have us proceed with cremation or to put cremation on hold**. After this phone call the cremation will be scheduled and take place, if permission is given, and there will be no other such notification.

FAX ALL DOCUMENTS TO: **\*\*\*\* &% !' ( \$!, \$\$- \*\*\*\***

NAME OF DECEASED: \_\_\_\_\_

Agreed and understood:

\_\_\_\_\_  
Informant for the deceased

\_\_\_\_\_  
Date

\_\_\_\_\_  
John P. Brooks, Owner and President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funeral Director

\_\_\_\_\_  
Date

# Thank you for placing your trust in us.

Aria Cremation Service & Funeral Homes/ariacremation.com

Dear Friend,

Thank you for choosing our family to assist you at this difficult time. To assist us reaching people more effectively, would you please take a moment to complete this simple form? Your response will be used for **our internal purpose and will remain confidential**. Thank you for your assistance and time.

Kindest Regards,

John P. Brooks  
President/CEO

## How did you hear about us? (Please complete all that apply)

Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ Television \_\_\_\_\_ Internet \_\_\_\_\_ (which search engine) \_\_\_\_\_

Friend \_\_\_\_\_ Name of Friend \_\_\_\_\_

Yellow Pages \_\_\_\_\_ Circle One - AT&T - Yellow Book - Verizon - Other (name) \_\_\_\_\_

Hospice \_\_\_\_\_ Name of Hospice \_\_\_\_\_

Church or Pastor \_\_\_\_\_ Name of church or pastor \_\_\_\_\_

Other (please specify) \_\_\_\_\_

## Services we offer:

Video Tributes \_\_\_ Video Streaming \_\_\_ Flowers \_\_\_ Balloon Release \_\_\_ Catering \_\_\_ Markers \_\_\_

## My Funeral Director explained and offered the above services

**X** \_\_\_\_\_  
Informant's Signature \_\_\_\_\_ Funeral Director's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## E-Mail Addresses

Please give us your email address as well as the email addresses of family and friends so that we can place them on a list for our bereavement newsletter that goes out each month:

Your email \_\_\_\_\_  
Family and Friends email addresses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Deceased \_\_\_\_\_

Informant's Name & Relationship to Deceased \_\_\_\_\_

Phone Number of Informant \_\_\_\_\_

**NORTH TEXAS FUNERALS AND CREMATIONS CREMATORY ("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  
(name of deceased)

[Redacted Name]

(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 Aria Cremation Service & Funeral Homes/ariacremation.com (**THE FUNERAL HOME**),

Located at 10116 E NW Hwy Dallas TX 75238

TO TAKE POSSESSION OF AND MAKE ARRANGEMENTS FOR THE CREMATION OF THE DECEASED AT:

**NORTH TEXAS FUNERALS AND CREMATIONS CREMATORY**

**DATE OF DEATH:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ AM/PM

[Redacted] 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: \_\_\_\_\_

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.



**NAME OF DECEASED** \_\_\_\_\_

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

**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 #: \_\_\_\_\_

**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: \_\_\_\_\_

**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