

Items Needed:

NORCENTEX CREMATORY

Fingerprints By:

1605 W BOLIVAR STREET; SANGER, TEXAS 76266
(940)458-8505
FAX (940) 458-8503

No. _____
Date _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

NORCENTEX CREMATORY requires that this Authorization Form be completed and signed prior to the cremation. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** It is important that you understand the cremation process that is described in Section 5.B notes of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or other questions that you may have.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES FROM THE FUNERAL HOME.

A. IDENTIFICATION

1. DECEASED INFORMATION

Name of Decedent: _____ Date of Death: _____ Time: _____

Place of Death: _____ Sex: M ___ F ___ Age: _____ DOB: _____ SS: _____ - _____

_____ (Initials) The Authorizing Agent has viewed the remains and positively identified them as that of the Decedent; **OR**

_____ (Initials) The personal representative of the Authorizing Agent has viewed the remains and positively identified them as that of Decedent; **OR, the Authorizing Agent has allowed the Funeral Director to identify the Deceased by Medical Records provided by _____ a Law Enforcement Agency, Medical Examiner or Medical Facility.**

_____ (Initials) The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent has positively identified and signed the photograph as that of the Decedent.

B. ARTIFICIAL DEVICES

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any Artificial Devices implanted in or attached to Deceased or identify if the Deceased was treated with any Radioactive Materials. Description of Devices: _____

_____ (Initials) The remains of the Decedent do not contain any of the Devices described in Section 1.B. of the notes; **OR**

_____ (Initials) As Authorizing Agent, I/we instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices. In any manner it sees fit and at any time. Manner of disposal of devices: _____

*See Notes

C. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to NorCenTex Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by NorCenTex Crematory, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/we release the Funeral Home and NorCenTex Crematory from liability for these items.

Items to be delivered to Authorizing Agent or Designee: _____

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Funeral Home and NorCenTexCrematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: _____ Address: _____

Name of Crematory: NORCENTEX CREMATORY Address: 1605 W BOLIVAR STREET; SANGER, TEXAS 76266

5. AUTHORIZATION

A. AGENT: As Authorizing Agent, I/We represent that I/We have the right to authorize the cremation of the Decedent's remains and warrant: As Authorizing Agent, I/we have filled in Section 5.A. I/We understand that any living person who meets the qualifications of any level above or equal to the one I/we filled in would have a superior or equal right to act as the Authorizing Agent. I/We do not have actual knowledge of the existence of any living person who has a superior or equal right to act as the Authorizing Agent.

B. CREMATION PROCESS: As Authorizing Agent, I/we have read and understand the description of the cremation process contained in Section 5.B (see notes) and authorize the cremation, processing and pulverization of the remains of the Decedent. I/we further authorize the Funeral Home to deliver the Decedent's remains to NorCenTex Crematory for the purpose of the cremation. Fingerprinting the remains of the Decedent may also be obtained for the necessary purpose of identification.

Name of Authorizing Agent	Address	Telephone	Relationship*

6. FINAL DISPOSITION

Cremated remains shall only be released, delivered, mailed or disposed of by the Cemetery or Funeral Home in a dignified manner, in accordance with the law, and with the express written consent of the Authorizing Agent. Please make a selection by circling selection A, B or C. (See notes Section 6)

- A. NorCenTex Crematory will deliver or mail (register-return receipt) the cremated remains to the Funeral Home for: personal disposition, inurnment, interment, or scattering.
- B. The cremated remains will be held by the Funeral Home for pick-up, or is authorized to release the cremated remains to name and address listed below:
 Name (Designee): _____ Relationship: _____
 Address: _____
- C. Other Method Disposition (Describe): _____

7. CERTIFICATION AND INDEMNIFICATION

I/We have the right and hereby authorize the cremation of the Deceased and the disposition of the cremated remains pursuant to the regulations of NorCenTex Crematory and the instructions on this form. I/We agree to release and indemnify the Funeral Home and NorCenTex Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and NorCenTex Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We release the Funeral Home and NorCenTex Crematory from liability for the cremated remains upon delivery to a reputable common carrier. I/We agree that the Funeral Home's and NorCenTex Crematory's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid to the Funeral Home and/or NorCenTex Crematory by me/us. I/We warrants that all representations and statements contained in this form are true and correct, and understand and acknowledge the statements in section 5a and 5d. The Funeral Home and NorCenTex Crematory are relying upon these statements. I/We have stated in Section 6 (Final Disposition) and agree to that by my/our signature(s) below. I/We have read and understood all pages of this document.

This authorization for cremation and disposition was executed at _____, this _____ day of _____, 20_____.

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Witness *: _____

*If a Funeral Director witnesses the execution of this Authorization by the Authorizing Agent, the Funeral Director verifies the accuracy of the identity of the Decedent and the representation that a Burial Permit or Burial Transit Permit authorizing the cremation of the Decedent's remains has been obtained.

Name of Deceased: _____

ID Number: _____

Date of Death: _____

Received by: _____

1st Call

Drop off

FH PU

8. CERTIFICATE BY FUNERAL HOME UPON TRANSFER OF DECEDENT'S REMAINS TO HMPS/NCT CREMATORY

The Funeral Home certifies that the remains being transferred to the custody of HMPS/NCT Crematory are those of the Decedent identified in Section 1 hereof and that the Funeral Home, based upon the representations of the Authorizing Agent in Section 5 hereof, has taken reasonable precautions to ensure the removal of any Device listed in Section 1.B. from the Decedent's remains or to render such Device non-hazardous. The Funeral Home also certifies that any items listed in Section 1.C. hereof have been removed from the remains of the Decedent for the purpose of delivery to the Authorizing Agent.

Date: _____

By: _____

For: Cremation Storage Hold

_____ Funeral Home

Pacemaker Removed By: _____

Fingerprints Taken By: _____

Items Removed By: _____

The above named Funeral Home acknowledges the receipt of the remains (cremated) of the deceased and assumes responsibility of the remains (cremated) from Howard Mortuary & Professional Services/NorCentex Crematory.

Signature of Receiving Funeral Home: _____

Witnessed by: _____

Date: _____

Other items returned: _____