

**ALL FAMILIES MORTUARY
(CREMATION SERVICES)**

**109 N. Alamo Street
Hearne, TX 77859**

**806 W. Trinity Street
Madisonville, TX 77864**

Cremation Authorization Form

IDENTIFICATION

Name of Decedent _____

Date of Death _____ Time of Death _____ Place of Death _____ Sex _____ Age _____

Was the death caused by an infectious or contagious disease? _____ Yes _____ No _____

If yes, please explain _____

PLEASE NOTE: ALL FAMILIES MORTUARY STRICTLY ADHERES TO THE GUIDELINES SET FORTH IN TEXAS VERNONS CODE. NO EXCEPTIONS WILL BE GRANTED OR ALLOWED.

711.002 Disposition of Remains; Duty to Inter

(a) Unless a decedent has left directions in writing for the disposition of the decedent's remains as provided in

Subsection (g), the following persons, in the priority listed, have the right to control the disposition, including cremation,

of the decedent's remains, shall inter the remains, and are liable for the reasonable cost of Internment:

- (1). the person designated in a written instrument signed by the decedent;
- (2). the decedent's surviving spouse;
- (3). any one of the decedent's surviving adult children;
- (4). either one of the decedent's surviving parents;
- (5). any one of the decedent's surviving adult siblings; or
- (6). any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless **All Families Mortuary**, 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 **All Families Mortuary**, 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 **All Families Mortuary**, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENT

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL...READ THIS DOCUMENT BEFORE SIGNING.

By executing this Cremation Authorization Form, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce **All Families Mortuary** to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____, this _____ day of _____, 20 _____

Name _____ Signature X _____

Relationship to Decedent _____ Phone No. _____

Address _____

PACEMAKERS, PROSTHESES AND RADIOACTIVE IMPLANTS

Please initial one of the next two paragraphs.

_____ The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. They are safe to cremate.

_____ The following list contains all existing devices, (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation.

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent.

ALL PACEMAKERS AND RADIOACTIVE IMPANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT

X _____
Signature of funeral director as Witness of Signature(s)
of Authorizing Agent(s)

Name of Funeral Home or Other Establishment

Address of Funeral Home or Other Establishment

Phone #

Date of cremation _____

Date cremation received _____

Signature of Person picking up remains:
X _____

Relationship _____