

# Instructions for completing Cremation Forms for *North Dallas Funeral Home/cremation-online.com*

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

Please complete entire form.

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

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

## Form 3: **Authorizations of Disclosure Agreement**

Read and sign by “x” at the bottom

## Form 4: **Proviso**

Read and sign by the “x” at the bottom

## Form 5: **Free Death Notice for Dallas Morning News or Fort Worth Star-Telegram**

***(Dallas/Ft. Worth Metroplex Residents Only)***

If you would like a free death notice published, complete the form and sign.

\*Please indicate in which paper you want the notice to be published.

If you don't want the notice published, write “Declined” across form.

**\*\*NOTE\*\*** Regarding the **Fort Worth Star-Telegram**: *if the deceased did not live in the Star-Telegram Circulation Area in the last five (5) years then the notice will not be free.*

**A charge would then apply.**

## Form 6: **How Did You Hear About Us?**

Indicate how you found out about “*North Dallas Funeral Home/cremation-online.com*” then sign by “x” in the middle of the form.

## Form 7: **Crematory Authorization**

Here you are directed to the heading on our website labeled “**Cremation Authorization Forms**”. Click on that location then select the form for the area where the deceased passed away, print off the authorization, then follow the instructions located at that site for completing the form.

## Form 8: **North Dallas Funeral Home/cremation-online.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 bottom right hand side of form and fax back to us.

**PLEASE FAX ALL COMPLETED FORMS TO 972-406-1480.**

Then please call with your credit card information. Your receipt will be with the certified copies of the death certificate.

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

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

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

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: State/Country \_\_\_\_\_ City \_\_\_\_\_

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 Name: First \_\_\_\_\_ Last \_\_\_\_\_

Informants Relationship to Deceased: \_\_\_\_\_

Informants Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext: \_\_\_\_\_ Phone #'s: H \_\_\_\_\_ C \_\_\_\_\_

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 \$75.00 charge for mailing (registered mail, return receipt requested).***

**PLEASE FAX ALL COMPLETED FORMS TO 972-406-1480**

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

Name of Licensed Funeral Establishment: North Dallas Funeral Home/cremation-online.com

**Name of Deceased** \_\_\_\_\_ **Date of Death** \_\_\_\_\_  
(For 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.

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

**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 to do so **REFUSES** to give permission to embalm the above-named deceased individual.

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

# North Dallas Funeral Home/cremation-online.com

2710 Valley View Lane, Dallas, Texas 75234 -972-241-9100

Deceased: \_\_\_\_\_

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

## Authorizations of Disclosure Agreement

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 1/4/2010 prior to discussing funeral arrangements or the selection of any funeral goods or services.

\*You **were** given a Casket Price List effective on 1/4/2010 prior to discussing caskets.

\*You **were** given an Outer Burial Container Price List effective on 1/4/2010 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 manufacturers 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 **North Dallas Funeral Home/cremation-online.com**. 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

# North Dallas Funeral Home/cremation-online.com

2710 Valley View Lane, Dallas, TX 75234 \* 972-241-9100

## Proviso

(Name of Deceased)

(Date of Death)

### Death Certificates

**SECURING A DOCTOR'S SIGNATURE ON A DEATH CERTIFICATE TAKES A MINIMUM OF 7 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 the medical examiner will issue a cremation permit. Therefore, **A CREMATION TAKES A MINIMUM OF 7 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

As an extent of our services we will submit an obituary to any newspaper that you request. We do not charge for this service. **It is important that any Obituary you submit to us must be approved by you before it is placed for publication.** North Dallas Funeral Home 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.

**\*\*Cremation-Online Families: Please note that this service is not available.**

### 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.

Property Accepted: \_\_\_\_\_ Declined: \_\_\_\_\_

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

X

(Signature of Next of Kin)

(Signature of Funeral Director)

# North Dallas Funeral Home/cremation-online.com

## Free Death Notice for Dallas Morning News

(Dallas-Ft.Worth Metroplex residents only)

Starting August 1, 2008 the **Dallas Morning News** began offering a “Free Death Notice” as a service to the families for deceased individuals that were residents of the Dallas-Fort Worth metroplex. This death notice can only be published one time. These notices are based on available space, so the publication date cannot be guaranteed. Service dates and times are not permitted nor is a picture or funeral home logo. They have a format for this notice that has to be followed. Below is the information that they will allow:

**Name:**

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

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

**Date of Death:** \_\_\_\_\_

**City of Residence:** \_\_\_\_\_

North Dallas Funeral Home 972-241-9100

Please complete and sign showing your approval to submit

X \_\_\_\_\_

**\*If you prefer not to submit a free death notice, please write declined across form.**

**\*\*If you choose YOU may submit a paid obituary to the Dallas Morning News at [obituaries@dallasnews.com](mailto:obituaries@dallasnews.com)**

# Thank you for placing your trust in us.

## North Dallas Funeral Home/cremation-online.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 Relationship to Deceased \_\_\_\_\_

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