

CHAPEL OF THE PINES CEMETERY & CREMATORY

503 FM 1942 • Crosby, Texas
281-328-1000

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: CHAPEL OF THE PINES CREMATORY STRICTLY ADHERES
TO THE GUIDELINES SET FORTH IN TEXAS VERNONS CODE.
NO EXCEPTIONS WILL BE GRANTED OR ALLOWED.**

<p><i>Vernon's</i> TEXAS CODES ANNOTATED Volume 1 HEALTH AND FAMILY CODE SECTION 711.002 Disposition of Remains; Duty to Inter</p>	<p>711.002. Disposition of Remains; Duty to Inter</p> <p>(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, and are liable for the reasonable cost of interment:</p> <ol style="list-style-type: none">(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.
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LIMITATION OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Chapel Of The Pines Crematory, 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 Chapel Of The Pines Crematory, 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 Chapel Of The Pines Crematory, 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 CAREFULLY 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 Chapel Of The Pines Crematory 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 IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT

X
Signature of Funeral Director as Witness for 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 _____