CREMATION SERVICES

1908 Martin Luther King Freeway Fort Worth, Texas 76104-5997 (817) 531-3393 1-800-735-6891 Fax 817-531-1602

AUTHORIZATION FOR CREMATION AND DISPOSITION

I/We, the undersigned, certify, warrant and represent the	nat I/we have the full legal right and authority to a	ERNING CREMATION. CREMATION IS IRREVERSIBLE uthorize the cremation, processing and disposition of the remains	
of	, Date of Death	(hereinafter referred to as the "Deceased").	
I/We hereby request and authorize			
Funeral Home:			
City, State:	Phone Number:		
(hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Cremation Services (hereinafter referred to as the "Crematory").			
I/We authorize Crematory to:			
Return the cremated remains of the Deceased to the possession and custody of the Funeral Home.			
Mail by Certified Mail to:			
Name:	Address:		
City, State			
The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations, and policies of the Crematory and Funeral Home, and the following terms and conditions:			
1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a leak resistant bag (if the body is unembalmed). In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of noncombustible materials, I/we authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket or container in any lawful manner it deems appropriate.			
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE CERTIFY THAT THE REMAINS OF THE DECEASED DO DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.			
Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:			
Device:	Disposition:		
Device:	Disposition:		
If no instructions for disposition is given, such items may be disposed of at the discretion of the Funeral Home.			
3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We 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.			
4. Certain items, including, but not limited to, body protheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remain of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.			
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latcher nails, jewelry and precious metals, 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 consistent rior to placement in an urn or other container.			
7. Unless an urn is purchased, the Crematory will p	place the cremated remains of the Deceased in a co	ontainer which is designed for any type of shipment.	
container and disposed of with the primary container	In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondar siner and disposed of with the primary container in the method authorized above.		
9. I/We understand and acknowledge, that even with the exercise of reasonable care and 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 other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.			
10. Unless I/we give specific written instructions in accordance with any particular religious or ethnic cust		isposition of the remains of the Deceased will not be performed in	
the address(es) indicated below. I/We agree that in the	event the cremated remains of the Deceased remains	uneral Home shall give written notice to me/us by certified mail at hin unclaimed, for a period of 120 days after the date such written ated remains of the Deceased in any lawful manner it may deem	
12. I/We agree to indemnify, release and hold the the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damag liability or cause of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Decease as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or to possession of, or make permanent arrangements for, the disposition of such remains.			
13. Except as set forth in the Authorization, no warr or employees.	anties, expressed or implied, are made by the Fundamental	eral Home, Crematory or any of their respective affiliates, agents	
SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION			
I/We warrant that all representations and statements m	ade herein are true and correct, and that I/we have	e read and understand the provisions contained in this document.	
Signature:Print Name:			
Address:	Phone:		
Signature:	Print Name:		

____Phone: ___

Address:___