

TYLER CREMATORY

51901 U.S. Hwy 69 N, Bullard, Texas - 903-894-7777 - FAX: 903-589-1894

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS IS A LEGAL DOCUMENT. PLEASE READ ALL INFORMATION CAREFULLY BEFORE SIGNING.

THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT CREMATION. CREMATION IS AN IRREVERSIBLE AND FINAL ACT.

NAME OF DECEASED _____ ID DISC # _____

AGE _____ DATE OF DEATH _____ TIME OF DEATH _____

FUNERAL HOME _____ F.D. NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

I/We, the undersigned, certify, warrant and represent that I/We, have the full legal right to authorize the cremation, processing and disposition of the remains of _____ (hereafter referred to as the deceased.)

I am/We are, not aware of any person with a superior or equal priority right to authorize the cremation of the deceased; or

If another person has an equal priority right to authorize cremation, the authorizing agent has made all reasonable efforts but failed to contact that person and believes the person would not object to the cremation and agrees to indemnify and hold harmless the funeral establishment and the crematory establishment for any liability arising from performing the cremation without the person's authorization _____

(Initial)

I/We, hereby request and authorize _____ Funeral Home to take possession of and make arrangements for the cremation of the deceased at the **Tyler Crematory, Bullard, TX.** I/We further request and authorize the **Tyler Crematory** to cremate the human remains of the above identified deceased.

Manner of **permanent disposition** of cremated remains, if known: _____

List any **valuables** to include jewelry, personal effects, etc. that are being delivered to the crematory with the human remains of the deceased and instructions for handling of said valuables:

Please specify whether the authorizing agent has arranged for a **viewing of the deceased person** or **service with the deceased person present** before cremation and the date and time of the viewing and service:

PACEMAKERS may create a hazard when placed in a cremation chamber. The crematory will not cremate any human remains which contains 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, it's agent and employees to remove any such device from the deceased prior to cremation and dispose of such device at its discretion. I/We understand that failure on my part (authorization agent) to notify the funeral home and/or crematory of such device could result in damage to crematory workers and equipment in which the authorizing agent(s) will be held liable. I/We hereby declare that to my/our knowledge the human remains of the said deceased **DOES** _____ or **DOES NOT** _____ (**please initial one**) contain a pacemaker or any other material or implant that may potentially be hazardous or cause damage to the cremation chamber or the person performing the cremation.

DISPOSITION OF CREMATED REMAINS: NOTICE: The authorizing agent(s) assumes responsibility for the disposition of the cremated remains. The crematory may make disposition of the cremains in a manner consistent with one of the following or Page 2, Section H. The authorizing agent(s) request that delivery of the cremated remains of the above named deceased be in the following manner:

_____ Return to the above named Funeral Home

_____ Release to the Authorizing Agent in person at the **Tyler Crematory.**

_____ Ship/Forward to the Authorizing Agent(s) or to someone designated by the Authorizing Agent(s) as provided below:

Registered Mail To: _____

Address: _____

The Authorizing Agent(s) agrees to assume all liability for any damages that may arise from said delivery via U.S. Registered Mail and agrees to indemnify and hold harmless the **Tyler Crematory**, the above listed funeral home and employees of each from any and all claims related to said delivery and/or shipment.

Urn requirement: _____ Decorative _____ Temporary Cremains Container (TCC)

Container Requirement: _____ Cremation Casket/Rental Casket _____ Alternative Container

a) The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the crematory and funeral home.

b) When a casket is used, the crematory is authorized to remove and dispose of handles, ornaments and any non-combustible material. I/We further authorize the crematory to dispose of any non-combustible casket hardware in any lawful manner it deems appropriate.

c) There are certain items, including but not limited to, body prostheses, dentures, dental bridgework, dental filling, jewelry and other personal articles accompanying the deceased that 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 **Tyler Crematory**.

d) The cremation container containing 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 **Tyler 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.

e) I/We hereby authorize the **Tyler Crematory** to separate and remove from the cremation chamber all non-combustible materials, including but not limited to, hinges, latches, nails, jewelry and precious metals and to dispose of such material.

f) Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments will be mechanically pulverized to an unidentifiable consistency prior to placing in an urn or other container.

g) I/We understand and acknowledge that even the exercise of reasonable care and the crematory's best effort, 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 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.

h) **Tyler Crematory** or the above listed funeral home may dispose of the cremated remains in accordance with Texas Health & Safety Code, Chapter 716, not earlier than the 121st day following the date of the cremation if the cremated remains have not been claimed by the Authorizing Agent or their designees.

I/We agree to indemnify, release, and hold the **Tyler Crematory**, the above listed funeral home, their affiliates, agents, employees, assigns and officers harmless from any and all loss, damages, liability, or cause of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased, as authorized herein, or my failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains.

Signature(s) of Person(s) Authorizing Cremation and Disposition - AUTHORIZING AGENT(S)

I/We warrant that all representations and statements made herein are true and correct and that I have read and understand the provisions contained in this document.

Signature & Print Name _____ Relationship _____ Date _____

Signature & Print Name _____ Relationship _____ Date _____

Signature & Print Name _____ Relationship _____ Date _____

Signature & Print Name _____ Relationship _____ Date _____

Authorizing Funeral Director Signature & Print Name / # _____ Date _____

Signature(s) of Person(s) Authorizing Cremation and Disposition - AUTHORIZING AGENT(S)

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Signature & Print Name _____ Relationship _____ Date _____

Authorizing Funeral Director
Signature & Print Name / # _____ Date _____