

**CAMERO CREMATORY
20567 HWY. 16 SOUTH
VON ORMY, TEXAS 78073
Phone (210) 624-2733 Fax (210) 624-9030**

AUTHORIZATION FOR CREMATION

Cremation Number: _____ Date: _____

The undersigned hereby requests and authorizes Camero Crematory (hereinafter referred to as "Crematory" located at 20567 Hwy. 16 South, Von Ormy, Texas 78073, in accordance with and subject to their rules and regulations, to cremate the remains of:

Name: _____ Gender _____ Age _____
Last Permanent Address _____
City _____ State _____ Zip _____
Date of Birth _____ Date of Death _____
Time of Death _____ () a.m. () p.m.
Place of Death _____
Cause of Death _____
Casket Type Wood _____ Metal _____ or Alternative Container _____
Embalmed: Yes _____ No _____

The undersigned further acknowledges that the death () was () was not, due to an infectious or contagious disease.

The approximate body weight is _____

Authority of Authorizing Agent

I (We), the undersigned, hereby certify that I (We) are the closest living next of kin of the decedent and that I (We) are related to the decedent as his/her _____

or that I (We) serve in the capacity of _____, to the decedent, that I (We) have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the State of Texas, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. I am / We are not aware of any person with superior or equal priority right to arrange, control, or authorize the cremation and disposition of the remains of the Decedent, but in the event there is another person who has equal priority right to me / us, I / We have made all reasonable efforts but failed to contact that person and believe that person would not object to the cremation.

Limitation of Liability

As the authorizing agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Camero Crematory, and _____ funeral home, its officers, agents, and employees 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 , 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 Camero Crematory, the processing, shipping and final disposition of the decedent or 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 another person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Camero Crematory, its officers, agents, or employees pursuant to this authorization, excepting only acts of willful negligence.

Camero Crematory, in conducting the cremation is relying on the accuracy of all the information and representation of the parties authorizing the cremation, and the stated representing funeral home/mortuary. Accordingly, the obligations of Camero Crematory shall be limited to the cremation of the decedent as authorized in this document. No warranties expressed or implied are made and damages shall be limited to the amount of the cremation fee paid.

Note: This is a legal document. Read this document carefully before signing. It contains important provisions concerning Cremation and Disposition. Cremation is irreversible and final.

Viewing or Service

Have arrangements been made by the Authorizing Agent(s) for a viewing of the Decedent or a service before cremation () Yes () No. If yes, please give the date and time of the viewing or service

Date: _____ Time: _____

The Cremation Process

All cremations are performed individually. Immediately prior to being placed within the cremation chamber, an identification tag described with a number shall be placed at the cremation chamber, where it shall remain in place until the cremation process is complete. Cremation is performed by placing the decedent in a casket suitable for cremation or a cremation container and then placing casket or container into a cremation chamber or retort, where it is subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the decedent in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed except bone fragments (calcium compounds) and some metals including dental gold, silver, and other materials as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or bridgework), that are left with the decedent and not removed from the casket or container prior to the cremation, will be destroyed or if not destroyed, will be disposed by the Crematory. Burials of materials not destroyed will occur when the Crematory deems it necessary and at its discretion.

I (We) the undersigned have been notified that Camero Crematory shall not cremate human remains when it has actual knowledge that the human remains contain a pacemaker, have been subjected to nuclear therapy, or other implants that may present a hazard to those performing the cremation and pulverizing and processing of the cremated remains; I further represent that these human remains () do or () do not contain any materials or implants that may be potentially hazardous to equipment. In the event that the remains contain these items I certify that they have been removed by the funeral director from _____ Funeral Home.

Following the cooling period, the cremated remains, which will normally weigh six to eight pounds in the case of an average size adult, are then swept or raked from the cremation chamber. The Crematory makes a reasonable effort to remove all the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or small residue will be left behind.

After the cremated remains are removed from the cremation chamber, the bone fragments are separated from other materials, they will then be mechanically processed (pulverized). This process of crushing or grinding then reduces the bone fragments to a fine dust. These granulated particles will be virtually unrecognizable as human remains.

A listing of all items of value and instructions for disposition of the same: _____

Final Disposition

After the cremation has taken place, the cremated remains have been processed and placed in the designated receptacle, the Crematory will arrange for the transportation or pick up of cremated remains. The Authorizing Agent(s) hereby assumes responsibility for disposition of the cremated remains and authorizes the Crematory to release, deliver, transport, or ship the cremated remains in the manner specified below. Please specify manner of disposition of cremated remains and name of person or entity to who cremated remains are to be released:

_____ Cemetery _____ Private Party _____ U.S. Mail _____ Funeral Home

Name: _____
Address: _____ City _____ State _____ Zip _____
Phone: (_____) _____

If the cremated remains have not been claimed by the authorizing agent(s) within one hundred twenty one (121) days of the cremation, then the Crematory shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law.

If the Undersigned hereby authorized the Crematory to deliver the cremated remains by U.S. mail, the Authorizing Agent(s) will assume all liability for any damage that may arise from any cause growing out of said delivery and to indemnify and hold the Crematory and Funeral Home harmless from any and all liability related to shipment. If cremated remains are shipped, they are to be sent only by method that has an internal tracing system available that provides a receipt signed by the person accepting the delivery. Authorizing Agent(s) are responsible for any shipping costs.

Signature of Authorizing Agent(s)

This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.

By executing the Cremation Authorization form, as Authorizing Agent(s) all representations and statements contained on this form are true and correct, that these statements were made to authorize Camero Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

I (We) have read the information contained in this document and hereby authorize Camero Crematory to perform the cremation of the decedent in accordance with this document.

Executed this _____ day of _____, _____

Name: _____
Address: _____
City: _____ State _____ Zip _____
Relationship _____
Signature: _____
Phone _____

Name: _____
Address: _____
City: _____ State _____ Zip _____
Relationship _____
Signature: _____
Phone _____

Name: _____
Address: _____
City: _____ State _____ Zip _____
Relationship _____
Signature: _____
Phone _____

Name: _____
Address: _____
City: _____ State _____ Zip _____
Relationship _____
Signature: _____
Phone _____

Signature of Funeral Director/Agent as Witness for Signature(s) of Authorizing Agent(s)

Name of Funeral Home/Mortuary

If the authorizing agent does not personally appear to sign as such, certification by a Notary Public is required and provided for below:

SIGNATURE OF AUTHORIZING AGENT(S)

This is a legal document. It contains important provision concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigning states that all representations and statements contained on this form are true and correct, that these statements were made to contract _____ Funeral Home/Mortuary and Camero Crematory to cremate the human remains of the decedent, and the undersigned have read and understand the provisions contained on this form.

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

Printed Name: _____ Signature _____
Address: _____ City: _____ State _____ Zip _____
Relationship to Decedent: _____ Phone # _____

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for said County and State, on this day personally appeared _____, known to me or proved to me through _____ to be the person whose name is subscribed above on the foregoing instrument and acknowledged to me that Affiant executed the same for the purposes and consideration therein express.

Given under my hand and seal of this _____ day of _____, _____

Notary Public
My Commission expires: _____ (Seal)