

Crown Cremation Center  
801 S. Frio St.  
San Antonio, Texas 78207  
Phone (210) 226-6112 Fax (210) 226-6113

**AUTHORIZATION FOR CREMATION**

Cremation Number: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby requests and authorizes Crown Cremation Center (hereinafter referred to as "Crematory") located at 801 S. Frio St, San Antonio, TX 78207 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 \_\_\_\_\_  
Religious Affiliation \_\_\_\_\_ Name of Parish \_\_\_\_\_  
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 Crown Cremation Center 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 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 Crown Cremation Center, 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 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 Crown Cremation Center, its officers, agents, or employees pursuant to this authorization, excepting only acts of willful negligence.

Crown Cremation Center, 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 Crown Cremation Center shall be limited to the cremation of the decedent as authorized in this document. No warranties express 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 it's discretion.

I (We) the undersigned have been notified that, Crown Cremation Center 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 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 pickup 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 whom cremated remains are to be released:

\_\_\_\_\_ Cemetery \_\_\_\_\_ Private Party \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Funeral Home

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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)**

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 Crown Cremation Center to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained in this form. And that we have positively identified the human remains that were delivered to the funeral establishment as the decedent, and we have authorized the funeral establishment to deliver the Decedent's human remains to the Crematory establishment for cremation.

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

If the legal next of kin or all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Funeral Director

\_\_\_\_\_  
Printed Name of Funeral Director and Funeral Director's License Number

\_\_\_\_\_  
Name of Funeral Home / Mortuary

\_\_\_\_\_  
Address of Funeral Home Establishment

**Facsimile Transmission Approval**

I hereby warrant that I am the person listed on this document as the Authorizing Agent(s), legally permitted to authorize the cremation of \_\_\_\_\_, and that I have executed this form in the presence of a Notary Public, as described below. In addition I am not aware of any objection to this cremation by any spouse, child, parent, sibling or legal guardian specified on this authorization form.

In addition to all other authorization, representation and warranties contained in this Cremation Authorization, I hereby authorize Crown Cremation Center to cremate the body of \_\_\_\_\_, upon its receipt of an executed copy of this form, I agree to hold Crown Cremation Center harmless and to fully indemnify it for any such action that it takes based upon a facsimile transmission or any other electronically reproduced copy of these forms. I further warrant that I will arrange for the original version of these documents, that bear my actual signature, be delivered directly to Crown Cremation Center without delay.

_____	_____	_____
Authorizing Agent Printed Name	Authorizing Agents Signature	Date
_____	_____	_____
Authorizing Agent Printed Name	Authorizing Agents Signature	Date
_____	_____	_____
Authorizing Agent Printed Name	Authorizing Agents Signature	Date
_____	_____	_____
Authorizing Agent Printed Name	Authorizing Agents Signature	Date

**Notary Public Acknowledgement**

State of \_\_\_\_\_ County of \_\_\_\_\_

As a Notary Public I hereby confirm that \_\_\_\_\_, Whose signature(s) are set forth above as "Authorizing Agent(s)" executed this Cremation Authorization Form Supplement-Facsimile, Transmission, Approval in my presence.

Subscribed to and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature (In Black Ink) (SEAL)