

Heart of Texas Cremation & Burial Service Crematory
12010 W. Hwy. 290, Ste. 210, Austin, TX 78737
512-243-7277/512-233-5205 fax

Heart of Texas Crematory-San Antonio
1830 S. Presa, San Antonio, TX 78210
210-599-2660/210-579-1979 fax

CREMATION AUTHORIZATION AND DISPOSITION FORM CASE # _____

NOTICE: THIS IS A LEGAL DOCUMENT THAT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.

I (We), the undersigned (hereinafter referred to as the "Authorizing Agent(s)"), hereby authorize and request Heart of Texas Crematory San Antonio or Austin (hereinafter referred to as "Heart of Texas"), in accordance with and subject to its rules and regulations, and the State of Texas laws or regulations, to cremate the human remains of _____ (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth on this authorization form.

Date of Death: _____ Time of death: _____ () a.m. () p.m. Sex: M F Weight if known _____

VIEWING OF THE DECEASED OR SERVICE PRIOR TO CREMATION Yes No

If YES, Please specify the date and time of the viewing or service _____

PACEMAKERS

I (We) declare that to my (our) knowledge the deceased **DOES** **DOES NOT** have 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. If present, I (We) have instructed the funeral home to remove or arrange for the removal of the devices and to dispose of them prior to transporting the decedent to the Crematory Establishment.

Initials of Authorizing Agent(s): _____

THERE WILL BE NO ITEMS OF VALUE TO ACCOMPANY DECEDENT TO THE CREMATORY.

Initials of Authorizing Agent(s): _____

FINAL DISPOSITION

The Authorizing Agent(s) assumes responsibility for the disposition of the cremated remains; and the crematory establishment may: release to the Authorizing Agent(s), in person, the cremated remains of the deceased person; ship the cremated remains to the Authorizing Agent(s) if the Agent(s) authorizes shipment and provides a shipping address on the authorization form; or dispose of the cremated remains in accordance with this chapter not earlier than the 121st day following the date of cremation if the cremated remains have not been claimed by the Authorizing Agent(s).

1. Name of person(s) authorized to receive the cremated remains _____
2. Name of funeral establishment authorized to receive the cremated remains _____
3. Ship via U.S. Mail (Express Mail Return Receipt Required) Yes No

****Initials of Authorizing Agent(s):** _____

If mailing, provide address:

Address: _____

City, State, Zip _____

Please indicate the permanent final disposition of the cremated remains, if known: _____

SIGNATURE OF AUTHORIZING AGENT(S)

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The Authorizing Agent(s) has/have the right to authorize the cremation of the deceased person and is not aware of any person with a superior or equal priority right; or if another person has an equal priority right to authorize cremation, the authorizing agent(s): 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, and authorize the crematory establishment to cremate the human remains. **COMPLETE THE NEXT OF KIN WORKSHEET.**

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned states that all representations and statements contained on this form are true and accurate, that these statements were made to contract with Heart of Texas to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed this _____ day of _____, 20_____.

Signature _____

Print Name

Relationship to Decedent

Address _____ Phone No. _____

Signature _____

Print Name

Relationship to Decedent

Address _____ Phone No. _____

FUNERAL DIRECTOR

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

Printed name of Funeral Director

Legends Funeral Home, 101-B Centerpoint Rd., San Marcos, Texas 78666
Name of Funeral Home and Address

If this form is not signed in the presence of our Funeral Director, sign and complete this page, and sign the NOTARY ADDENDUM which will be provided to you.

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Full Legal Name of Deceased: _____

Date of Death: _____

NOTARY ADDENDUM

This form must be signed in front of a Notary Public.

Printed name of Authorizing Agent _____

Signed this _____ day of _____, 20____.

(Signature of Authorizing Agent)

State of _____

County of _____

(Signature of Notary Public)

(Printed name of Notary Public)

SEAL

My commission expires:
