

GRACE MEMORIAL PARK CREMATORY, INC.

10708 Highway Six
Hitchcock, Texas 77563
(409) 925-3501

P.O. Box 610
Santa Fe, Texas 77510
(409) 925-8806 FAX

AUTHORIZATION FOR CREMATION AND DISPOSITION

Cremation No. _____ Contract No. _____ Date _____

The undersigned hereby certify that he/she/they is/are the legal custodian(s) of the herein named deceased, having full legal authority to authorize the cremation and disposition of the remains of the deceased herein, subject to the terms and conditions as set forth in this Authorization, hereby requests and authorizes GRACE MEMORIAL PARK CREMATORY, INC., hereinafter referred to as Company, in accordance with and subject to its rules and regulations to take possession of, cremate, and make disposition of the remains of:

- Name of Deceased _____ Date and Time of Death _____
- A. The undersigned certifies and represents that the remains delivered for cremation are those of the deceased named herein and the undersigned further represents under penalty of perjury that they have the right to control the disposition of said remains and
- that he/she/they are not aware of any person with a superior or equal priority right to authorize this cremation or
 - that there are other person(s) with an equal priority right to authorize this cremation. The undersigned certifies that he/she/they has/have made all reasonable efforts but failed to contact that person and believes the person would not object to the cremation.
- The undersigned agrees to indemnify and hold harmless the funeral establishment and the crematory establishment, their Officers, Agents and Employees from any and all loss, cost or damages, it or they may suffer or incur by reason of acting upon the order and authorization above set forth, including from performing the cremation without the person's authorization.

I/We certify that I/we have contracted with:

Funeral Director Name and License Number _____

Funeral Establishment Name and Address _____

to provide for this cremation with Company. The above funeral home has my/our permission to pick up the cremated remains unless otherwise stated under the Disposition of Cremated Remains section of this document.

I/We state that the permanent disposition of the cremated remains will be:

- Scattering Burial Place in Niche or Mausoleum Retained by family Undecided

I/We state that the following items of value are to be delivered to the crematory along with the human remains and have indicated if any are to be returned unscathed.

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

I/We understand that it is the policy of the Company to cremate any and all items that are received with the human remains, unless otherwise indicated in the above list.

I/We have have not arranged for a viewing or service with the deceased present before cremation. The date and time of the viewing or service is/will be _____
Date and Time _____

- B. The Company agrees only to cremate the remains and dispose of the cremated remains as directed herein. No warranties expressed or implied are made and damages shall be limited to the fee paid.
- C. I/We understand and acknowledge that even with the exercise of reasonable care and the 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.
- D. The remains will not be accepted for cremation unless they are in a suitable rigid, combustible container. No disaster pouches, fiberglass or metal caskets will be accepted.
- E. The undersigned warrants said remains contain no pacemaker or other explodable implant. If said remains contain such a device at the time of death, _____ funeral home/mortuary has been advised of same and is authorized to remove and dispose of all such devices before delivery to the Company. I/We agree to be financially responsible for any damages on account of the failure to remove such pacemakers or explodable implants.
- F. All noncombustible materials delivered with the body will be disposed of at the Company's direction.
- G. Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be further reduced to permit their placement in an urn or other container. In the event the capacity of the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess remains will be placed in a secondary container and returned together with the primary urn or container.

INQUEST HELD? YES NO (IF YES, WAIVER FROM MEDICAL EXAMINER/JUSTICE OF THE PEACE MUST BE PROVIDED)

DISPOSITION OF CREMATED REMAINS:

NOTICE: You, the authorizing agent of the above named deceased, are responsible for the disposition of the cremated remains. The Company may: release cremated remains to the authorizing agent, ship the cremated remains to the authorizing agent if the agent authorizes shipment and provides a shipping address on this form or dispose of the cremated remains in accordance with Chapter 716 of the Health and Safety Code not earlier than the 121st day following the date of cremation if the cremated remains have not been claimed by the authorizing agent.

I/We assume complete responsibility for the disposition of the cremated remains and I/We authorize Company to:

Hold remains for pick up by: Funeral Home Family member: _____
Name and Relationship to Deceased (ID Required to Pick Up Remains)

Ship to/Deliver to: _____
Name, address and phone number of shipping party

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I have read this authorization form and attest to the accuracy of all representations made herein.

Authorized Representative _____ Print Name _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip _____ Telephone Number _____

FUNERAL HOME/MORTUARY _____ WITNESS (FUNERAL DIRECTOR AND LICENSE NUMBER) _____ DATE _____
State of _____ County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____, 20____.

My commission expires the _____ day of _____, 20____. _____ - Notary Public

This is to certify that the human remains being delivered along with this form as those of:

(Name of deceased)

and that I

(Printed name of next of kin)

am the authorized agent or a representative of the authorizing agent
delegated as provided by Section 716.053 of the Health and Safety Code.

And I further state that I have

- Positively identified the deceased person listed on this and the
accompanying Authorization for Cremation and Disposition form
- Waived the right of identification and assume full responsibility
on behalf of such waiver.

Signature of next of kin

Date