

Haven of Rest Crematory

1155 N. 11th St. Beaumont,
Texas 77702 (409) 892-3456

Authorization for Cremation

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NOTICE: This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of _____

Name of Deceased

I/We Hereby request and authorize _____

Name of Funeral Home

(hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at the Haven of Rest Crematory (hereinafter referred to as the "Crematory").

I (We) have positively identified the human remains that were delivered to the funeral home named above (the "funeral home") as the decedent, and have authorized the funeral home to deliver the decedent to the crematory for cremation. I certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I am not aware of any person with a superior or equal priority right. If another person has an equal priority right to authorize cremation, I have made all reasonable efforts but failed to contact that person and believes the person would not object to the cremation; I agree to indemnify and hold harmless the funeral establishment for any liability arising from performing the cremation without the person's authorization.

List any items of value delivered to the crematory establishment along with the human remains and include instructions on the handling of these items _____

I understand that due to the nature of the cremation process any VALUABLE METAL, including dental gold, will either be destroyed or will not be recoverable, any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Home, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

No, the deceased HAS NOT been treated with therapeutic radionuclides.

I YES, if yes, when was the last treatment administered? _____

I/We further state that the Deceased does not have a heart PACEMAKER, radiation producing implant device, nor any other mechanical device implanted that could be explosive. If such a device exists, I hereby request and authorize the Funeral Home or any other responsible agency to remove such a device, I/We understand that I/We will be liable for any damages to the Crematory or injury to the Crematory personnel.

DISPOSITION

After the cremation has been performed and the cremated remains have been processed, the processed cremated remains will be placed in the designated urn or container, the Authorizing Agent(s) hereby authorize the crematory to dispose of the decedent's cremated remains as specified below. Complete one of the following:

Return cremated remains to the Funeral Home. _____ Deliver cremated remains to the following designated person:

Name _____ Address _____

For the purpose of: _____

Deliver cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail or authorized carrier for shipment to _____

for permanent disposition. (Attach copy of Post Office or carrier receipt)

Signature _____ Date _____ Time _____ a.m/p.m

Relationship to the Deceased _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip _____

Signature _____ Relationship _____ Signature _____ Relationship _____

Signature _____ Relationship _____ Signature _____ Relationship _____

Witness Signature _____ Name (Please Print Clearly) _____

Street Address _____ City _____ State _____ Zip _____

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AUTHORIZATION FOR CREMATION (TO BE COMPLETED BY THE FUNERAL DIRECTOR)

PLEASE ATTACH A COPY OF THE CERTIFIED DEATH CERTIFICATE. If a copy of the certified death certificate is NOT available, question 1 through 8 below MUST be completed.

- 1) Full Name of Deceased _____
 - 2) Date of Death _____
 - 3) Time of Death _____
 - 4) Place of Death _____
 - 5) Place of Birth _____
 - 6) Date and Place of Funeral _____
 - 7) Firm Address _____
 - 8) Arranging Funeral Director _____
 - 9) Informant's Name _____
 - 10) Was an inquest held regarding the death of the above named deceased Yes No
(If yes, release from Justice of the Peace must be provided with this form)
- Name and type of urn or container selected _____

If a sealing urn or urn vault combination has been supplied, should the Crematory seal container? Yes No

DEATH CERTIFICATE FILING STATUS

I hereby state upon my oath that prior to the cremation of the above named person that :

_____ Written authorization to cremate the body has been received from the Medical Examiner/Coroner; or the required 48 (initial) hour waiting period has lapsed.

The human remains delivered to the crematory establishment were positively identified as the deceased person listed on the cremation authorization form by the authorizing agent or a representative of the authorizing agent delegated by Section 716.053. I further state that to the best of my knowledge, all city, county, state and federal requirements regarding the cremation and disposition of the Deceased have been fully satisfied, and that there exists no known legal circumstance preventing or postponing the cremation of the Deceased.

Signature Date Time a.m./p.m.

Name (Please Print Clearly) Funeral Director's License Number

**After this two-page form is signed, copies should be made for the customer and for your firm.
The original must be sent to Haven of Rest Crematory.**