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## DISCLOSURE / DISCLAIMER FORM

Federal Trade Commission Trade Regulation Rule for “Funeral Industry Practices” require certain disclosures and prohibits misrepresentations. This Disclosure/Disclaimer form is a check list we ask those we serve to read and sign.

NAME OF DECEASED: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

**I/We who made the arrangements for the funeral and final disposition of the deceased, do hereby attest to the following:**

1. **I/We were given/shown a General Price List, Casket Price List, and Outer Burial Container Price List effective on: \_\_\_\_\_ prior to discussing prices, services or merchandise.**
2. **I/We were not told that embalming is required by law and were told that the law does not require embalming except in certain cases. If embalming was provided, it was done with the permission of the undersigned.**
3. **I/We were not told that the law requires embalming for direct cremations, immediate burial, a funeral using a sealed casket, of if refrigeration is available and the funeral is without viewing or visitation and with a closed casket.**
4. **I/We were not told that any law requires a casket for direct cremation or that a casket other than a cardboard receptacle is required for direct cremation or for direct disposition.**
5. **I/We were told that state law does not require the purchase of any outer burial container or any of the funeral goods or services I/We selected except as set forth on the statement of funeral goods and services selected.**
6. **No claims were made to me/us as to the merchandise or other offering of this funeral firm ( embalming, casket, outer burial container) that embalming or the use of any merchandise available from this funeral firm would delay the decomposition of the remains for a long term or indefinite time, or would protect the body from graveside substances. No representation or warranties were made to us about the protective features of caskets or outer burial containers other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties, if any extended by the manufacturers thereof. No other warranties and no warranties of merchandising fitness or a particular purpose were extended to us.**
7. **I/We were not told that the amount of each of the cash advance items were the cost to the funeral firm. We were told the cost may be different based on volume or cash discounts or other professional/trade customs.**

Person making arrangements/ Next of Kin: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Funeral Director



# AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment CREMATIONONE

Name of Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

\_\_\_\_\_ Date Signed \_\_\_\_\_

**Signature of next-of-kin or Person Responsible for making arrangements for final disposition**

**NOTE: Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.**

If Authorization for embalming is oral, complete the following:

Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.  
Authorization to embalm received from \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_ Time a.m. or p.m. \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_

***If no authorization can be obtained, complete the following:***

I hereby acknowledge **CREMATIONONE** that has made a reasonable effort over a period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. Times contact with family attempted: \_\_\_\_\_

\_\_\_\_\_  
Signature and License # of Embalmer

**The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual.**

Signature \_\_\_\_\_ Date \_\_\_\_\_