



_____ : TEMPORARY CONTAINER
 _____ : URN
 _____ : SEPARATE CREMATED REMAINS
 _____ : RETURN TO FAMILY
 _____ : MAIL
 _____ : INURN / INTER

CREMATION #: _____
APPROVED
 SIGNATURE: _____

Cremation Authorization Form

DATE: _____

Name of Decedent _____

Date of Death _____ Time of Death _____ Place of Death _____ Sex _____ Age _____

Was the death caused by an infectious or contagious disease? Yes _____ No _____ Identity Confirmation Attached: _____
 If yes, please explain _____

LIMITATION OF LIABILITY

PLEASE NOTE: ROSEWOOD CREMATORY STRICTLY ADHERES TO THE GUIDELINES SET FORTH IN TEXAS VERNONS CODE. NO EXCEPTIONS WILL BE GRANTED OR ALLOWED.

9/ann's
**TEXAS CODES
 ANNOTATED**

Volume 8
 HEALTH AND SAFETY CODE
 Revised in 1994
 Cumulative Annual Pocket Part
 Bound with 1994 Pocket Part in back of volume
 For Use 7/1/93-1994

711.002. Disposition of Remains; Duty to Inter

(a) Unless a decedent has left directions in writing for the disposition of the decedent's remains as provided in Subsection (g), the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, and are liable for the reasonable cost of interment:

- (1) the person designated in a written instrument signed by the decedent;
- (2) the decedent's surviving spouse;
- (3) any one of the decedent's surviving adult children;
- (4) either one of the decedent's surviving parents;
- (5) any one of the decedent's surviving adult siblings; or
- (6) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless **Rosewood Crematory**, its officers, agents and employees, of and 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 **Rosewood Crematory**, the processing, shipping and final disposition of 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 **Rosewood Crematory**, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENT

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL . . . READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Cremation Authorization Form, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce **Rosewood Crematory** to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed at _____, this _____ day of _____, 20____

Name _____, Signature **X** _____

Relationship to Decedent _____ Phone No. _____

Address _____

PACEMAKERS, PROSTHESES AND RADIOACTIVE IMPLANTS REMOVED BY: _____

INITIAL: _____

Please initial one of the next two paragraphs.

- The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. They are safe to cremate.
- The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation. _____

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT

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

- Rosewood Funeral Home
2602 South Houston Ave. Humble, TX 77396
- Rosewood Funeral Home North
22271 Hwy. 59 North Porter, TX 77365
- Rosewood Funeral Home Pasadena
3939 Pasadena Blvd. Pasadena, TX 77503

Name of Funeral Home or Other Establishment _____

Address of Funeral Home or Other Establishment _____

WHITE: Funeral Home Copy

YELLOW: Crematory Copy

PINK: Family Copy