



Killeen: Location  
2006 North WS Young, Suite 60  
Killeen, Texas 76543  
Office: 254-200-0400

Austin Location:  
13009 Dessau Rd., Suite M  
Austin, Texas 78754  
Office: 512-354-2509

Fax: 512-233-2612  
[www.centraltexascremation.com](http://www.centraltexascremation.com)

## Cremation Forms Packet

On behalf of my family, I would like to welcome and thank you for allowing us to serve you. As a family owned business serving the people of Central Texas for nearly three decades, it is our distinct privilege to be able to provide information and services to those we serve. Please use this packet as an informational tool to help with completing the cremation arrangements.

Thank you.

Sincerely,

*Robert J. Falcon*

Founder/ Funeral Director

### **The following forms and documents are included in this packet:**

- (1) **Vital Statistics Form** this form is the information needed to complete the Texas Death Certificate
- (2) **Cremation Authorization and Disposition Form.** This form must be completed, and notarized
- (3) **Authorization to Embalm at Funeral Home or Other Establishment.** This form must be signed at the bottom (**yellow highlight**) to say that you are **REFUSING** embalming.

**SEND ALL COMPLETED FORMS TO FAX 512-233-2612 or 888-651-5327**  
**You May also scan and email to [office@centraltexascremation.com](mailto:office@centraltexascremation.com)**

**We will follow up by email correspondence to you, please check your email.**

## VITAL STATISTIC FORM

**NOTE: PLEASE COMPLETE THIS FORM WITH NO OMISSIONS OR DELETIONS. YOUR FAILURE TO COMPLETE THIS INFORMATION WILL DELAY THE DEATH CERTIFICATE PROCESS AND DELAY CREMATION OCCURRING.**

### DECEASED INFORMATION:

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

IF FEMALE MAIDEN NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ VETERAN? YES NO BRANCH: \_\_\_\_\_  
**(\*\*IF VETERAN PLEASE FAX US DD214 OR DISCHARGE\*\*)**

MARITAL STATUS: **(CIRCLE ONE)** MARRIED WIDOWED DIVORCED NEVER MARRIED

Surviving Spouse **(IF FEMALE LIST MAIDEN NAME)**: \_\_\_\_\_

DECEASED RESIDENCE: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSIDE CITY LIMITS?: YES NO

DECEASED FATHER'S NAME: \_\_\_\_\_

DECEASED MOTHER'S NAME **(List Maiden Name)**: \_\_\_\_\_

DECEASED OCCUPATION **(DO NOT LIST RETIRED)**: \_\_\_\_\_

INDUSTRY OR TYPE OF BUSINESS: \_\_\_\_\_

DECEASED LEVEL OF EDUCATION: **(SELECT ONE)**: \_\_\_ LESS THAN 8TH GRADE \_\_\_ 9TH-12TH GRADE NO DIPLOMA

\_\_\_ HS DIPLOMA OR GED \_\_\_ Some College **No Degree** \_\_\_ BACHELORS \_\_\_ MASTERS \_\_\_ DOCTORATE

RACE: \_\_\_\_\_ Of Hispanic Origin?: YES NO

EVER SERVE AS A PEACE OFFICER IN TEXAS?: YES NO

FAMILY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

## DEATH CERTIFICATE COPIES

**COST OF COPIES ARE \$ 21. FOR THE FIRST AND \$4.  
FOR EACH ADDITIONAL COPY  
(ie. 5 COPIES COST \$ 37. / 10 COPIES \$57. / 15 COPIES \$77. )**

**PLEASE ORDER: \_\_\_\_\_ COPIES OF THE DEATH CERTIFICATE.**

### CREMATION PROCESS

**In order for cremation to occur the following process must be completed.**

- 1. The legal next of kin must sign the **Cremation Authorization Form**, and verify the **Facts of Death Verification Form**.**
- 2. The completed **Death Certificate** must be signed by the physician and filed with the local registrar's office**
- 3. In counties with a Medical Examiner a **Cremation Authority** must be issued. In counties with a Justice of the Peace a **Cremation Authority** must be issued, if the Justice of the Peace held inquest into the death.**
- 4. A **Burial Transit Permit** must be issued by the local registrar's office. This may be done electronically or some registrar's require this be done in person.**
- 5. The cremation will be scheduled once all of these documents are in the possession of the funeral home and the crematory advises of an available time to perform cremation.**

**THIS PROCESS IS NOT IMMEDIATE AND NO TIME FRAME IS PROMISED AS TO WHEN CREMATION WILL OCCUR.**

**I, ACKNOWLEDGE THAT I, HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THAT CREMATION OF THE DECEASED CANNOT OCCUR UNTIL ALL DOCUMENTS AND PERMITS ARE SECURED AS PRESCRIBED BY TEXAS LAW. I, UNDERSTAND THAT THE CREMATORY MAKES NO PROMISE AS TO THE DATE OR TIME OF CREMATION UNLESS SPECIFIED ON THE CREMATION AUTHORIZATION FORM.**

**Signature of Legal Next of  
Kin:** \_\_\_\_\_



## Who Can Sign the Cremation Authorization Form?

The Health and Safety Code provides in Section 711.002(a) that if the decedent did not leave written instructions for the burial or disposition, nor named an agent to make such an arrangement, then there is a priority list of the persons who have a right to control the disposition of the body, in this order:

- (1) Appointed Agent named in an approved notarized document
- (2) The decedent's surviving spouse; (**NOTE: We DO NOT Recognize a Common Law 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.

### **COMPLETE THIS SECTION IN ITS ENTIRETY**

***I Certify that the Deceased had the following survivors who may by law, in the order given, control disposition***

**(NOTE: the person by the first YES answer is the person who must Sign the Cremation Authorization Form)**

Appointed Agent: Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Adult Children: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

Names: \_\_\_\_\_

Parents: Yes \_\_\_\_\_ No \_\_\_\_\_ Names: \_\_\_\_\_

Siblings: Yes \_\_\_\_\_ No \_\_\_\_\_ Names: \_\_\_\_\_

Other: Names and Relationship:

\_\_\_\_\_  
\_\_\_\_\_

If Any Questions Call us at 512-354-2509 or 888-360-3494

**Cremation Service Austin**  
**13009 Dessau Rd., Suite M**  
**Austin, Texas 78754**  
TEL 888-360-3494  
FAX 888-651-5327

**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, the undersigned (hereinafter referred to as the "Authorizing Agent"), hereby authorize and request Cremation Service Austin (hereinafter referred to as "The Crematory"), 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.

**IDENTIFICATION**

Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of death: \_\_\_\_\_ ( ) a.m. ( ) p.m. Age: \_\_\_\_\_ Sex: M F

Place of Death \_\_\_\_\_ Weight \_\_\_\_\_

I have identified the human remains as the decedent, and have authorized the delivery of the decedent to Cremation Service Austin, for cremation.

 **\*\*Initials of Authorizing Agent:** \_\_\_\_\_

OR: I have chosen to waive the right of identification and assume full responsibility on behalf of such waiver.

 **\*\*Initials of Authorizing Agent:** \_\_\_\_\_

**TIME OF CREMATION**

Cremation Service Austin is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. **Yes No** *If no, please complete the next line, the Rush Fee for Cremation within 24 hours of receipt of final permit is \$595. Scheduled Cremation Fee is \$275*

The cremation shall take place on \_\_\_\_\_ (day) \_\_\_\_\_ (date), at 8:30 a.m.

 **\*\*Initials of Authorizing Agent:** \_\_\_\_\_

**VIEWING OF THE DECEASED**

Have arrangements been made by the Authorizing Agent for a viewing of the deceased person before the cremation? **Yes No** *If yes, please give the date and the time of the viewing.*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ( ) a.m. ( ) p.m.

**WITNESSING OF CREMATION**

Are there any people who wish to witness the cremation? **Yes No**

**If yes, please provide their names. Please note there is an additional charge of \$150 for this service**

**PACEMAKERS, PROSTHESES, RADIOACTIVE IMPLANTS**

I declare that to my knowledge the deceased **DOES \_\_\_ DOES NOT\_\_\_** contain 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 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:** \_\_\_\_\_

**MERCHANDISE**

Type of casket or container selected:  Unfinished Fiberboard Tray  other \_\_\_\_\_

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

Type of Urn selected:  Temporary Urn or  Urn Selected \_\_\_\_\_

 **\*\*Initials of Authorizing Agent:** \_\_\_\_\_

**FINAL DISPOSITION**

The Authorizing Agent assumes responsibility for the disposition of the cremated remains; and the crematory establishment may: release to the Authorizing Agent, in person, the cremated remains of the deceased person; ship the cremated remains to the Authorizing Agent if the Agent 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. **(✓ Check One)**

**\_\_\_\_\_ 1.** Name of funeral home or cemetery authorized to receive the cremated remains

**\_\_\_\_\_ 2.** Name of person(s) authorized to receive the cremated remains

**\_\_\_\_\_ 3.** Ship via U.S. Mail (USPS Priority Express Mail) **if checked complete number 11 below**  
**If mailing**, provide address:

Name of person or firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

 **\*\*Initials of Authorizing Agent:** \_\_\_\_\_

## **LIMITATION OF LIABILITY**

As the Authorizing Agent, I hereby agree to indemnify, defend, and hold harmless Cremation Service Austin, Affordable Burial & Cremation Service, LLC 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 Cremation Service Austin 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 Cremation Service Austin, its officers, agents, or employees pursuant to this authorization, excepting only acts of willful negligence.



**\*\*Initials of Authorizing Agent:** \_\_\_\_\_

## **SIGNATURE OF AUTHORIZING AGENT**

***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.***

The Authorizing Agent has 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: 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. By executing this Cremation Authorization Form, as Authorizing Agent, the undersigned states that all representations and statements contained on this form are true and accurate, that these statements were made to contract with Cremation Service Austin to cremate the human remains of the decedent, and that the undersigned has read and understands the provisions contained on this form.

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing law, regulations, and policies of the crematory and funeral home and the following terms and conditions. Human remains must be placed in a cremation container made of combustible materials, provides a complete covering of the body, is resistant to leakage or spillage, is rigid for each handling, and protects the health and safety of crematory personnel. If a casket is used, the crematory is authorized to remove and dispose of handles, ornaments, and any other non-combustible items attached to the casket or cremation container prior to cremation. In the event the remains of the deceased are received by the crematory in a casket, or other container made of non-combustible material, I authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems appropriate. The cremation container containing the deceased will be placed in the cremation chamber and will totally and irreversibly be destroyed by prolonged exposure to intense heat and direct flame. I authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation. Certain items, including, but not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the deceased may be destroyed during the cremation process. I further authorize that if any items, other than the cremated remains are recovered from the cremation chamber; they may be separated from the cremated remains of the deceased and disposed of by the crematory. I hereby authorized the crematory to separate and remove from the cremation chamber, all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metal, and to dispose of such materials. Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

Unless an urn or container suitable for shipment is provided, the crematory will place the cremated remains in a temporary container, which is destructible, and will not be held liable for any damages that might occur during shipment. In the event this container, or provided urn, is insufficient to accommodate all of the cremated remains, any excess cremated remains will be placed in a secondary container and returned to the funeral home, together with primary container or urn.

I 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 DEVICES USED TO PROCESS THE CREMATED REMAINS. I HEREBY AUTHORIZE THE CREMATORY TO DISPOSE OF SUCH PARTICLES IN ANY LAWFUL MANNER DEEMED APPROPRIATE.

I agree to indemnify and hold the crematory, the funeral home, their affiliates, agents, employees, and assigns harmless from any and all loss, damages, liability or cause of action (including attorney's fees and expenses of litigation) in connection with the cremation of cremated remains authorized herein, or my failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.



Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

**IF THIS FORM IS NOT SIGNED IN THE PRESENCE OF A FUNERAL DIRECTOR, IT MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

**(If in California this page must be signed by Notary Public and Notary Form can be attached)**



**X:** \_\_\_\_\_

(Signature of Authorizing Agent) **Sign Here in front of Notary Public**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Printed name of Notary Public)

SEAL

My commission expires:



## AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment Affordable Burial & Cremation Service

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 that \_\_\_\_\_ has made a reasonable effort over a  
Name of Establishment  
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: \_\_\_\_\_

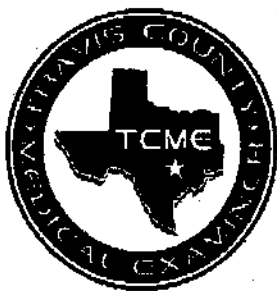
\_\_\_\_\_  
Signature and License # of Embalmer

**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

FAX to (512) 233-2612 or  
Scan and email to office@centraltexascremation.com



**TRAVIS COUNTY OFFICE  
OF THE MEDICAL EXAMINER**

1213 Sabine Street PO Box 1748 Austin, TX 78767  
Tel: (512) 854-9599 Fax: (512) 854-9044  
www.co.travis.tx.us/medical\_examiner

DAVID DOLINAK, MD  
Diplomate of American Board of Pathology  
CHIEF MEDICAL EXAMINER

SATISH CHONDURU, DO  
Diplomate of American Board of Pathology  
DEPUTY CHIEF MEDICAL EXAMINER

KENDALL CROWNS, MD  
Diplomate of American Board of Pathology  
DEPUTY MEDICAL EXAMINER

LETISEA WOOD, MD  
Diplomate of American Board of Pathology  
DEPUTY MEDICAL EXAMINER

VICKIE WILLOUGHBY, DO  
Diplomate of American Board of Pathology  
DEPUTY MEDICAL EXAMINER

DATE: \_\_\_\_\_

This authorizes the Medical Examiner's Office, Travis County, Texas, to release the remains of  
\_\_\_\_\_ to Affordable Burial & Cremation Service \_\_\_\_\_ Funeral Home  
and \_\_\_\_\_ Mortuary Service, if applicable.

Please complete Funeral Home information below:

Address: 2006 North WS Young #60 City: Killeen State: Texas  
Zip Code: 76543

Phone #: 254-200-0400 Fax #: 512-233-2612

Authorization is also given to the above named Funeral Home, or its designated agents, to remove the said deceased to their place of business to care for, and prepare for disposition in accordance with professional standards.

The above named Funeral Home is authorized to receive personal property: ( ) Yes ( ) No

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

SUBMIT THIS DOCUMENT TO THE MEDICAL EXAMINER'S OFFICE UPON REMOVAL OF THE DECEASED