



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

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

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

Authorization For Cremation And Disposition

Deceased Name: (the "DECEASED") _____ Sex _____ Weight _____

Date of Birth _____ Date of Death _____ Time of Death _____

Place of Death _____

"Funeral Home": **Affordable Burial & Cremation Service**

Address: 13009 Dessau Rd. #M Austin, TX 78754 2006 North WS Young #60 Killeen, TX 76543

I hereby request and authorize Cremation Service Austin to take possession of and make arrangements for the cremation of the Deceased's remains at Cremation Service Austin ("Crematory"). To induce the Funeral Home and the Crematory to cremate, process and dispose of the Deceased's remains, I, the undersigned, hereby certify, warrant, represent and acknowledge (by initialing items 1-6 below) that:

- I certify, warrant and represent that Under Texas Health and Safety Code provides in Section 711.002(a) I have the full legal right and authority to authorize the cremation, processing and disposition of the Deceased's remains and/or shipping of the cremated remains (ashes).
- I authorize the crematory to cremate the remains on the crematory's normal schedule and understand **No date or time is promised** unless specified in the special instructions below. **Optional Fees:** *Rush Fee \$595, **Scheduled Cremation \$ 295
- I have not been denied the opportunity to personally identify the Deceased's remains and assume full responsibility for the identification of the Deceased's remains. Date and Time of Viewing : _____
- I understand that if I wish to remove or retain any item(s) including but not limited to any jewelry, personal items from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process, **I hold harmless and indemnify the Funeral Home and Crematory of any loss of such items not retrieved by me prior to the cremation process.**
- I give permission for the Funeral Home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical radioactive device or any non-human material in a non-retrievable manner.
- I understand that in the event the cremated remains have not been permanently picked up by me or by my designated representative within **120 days from the date of cremation**, I authorize, indemnify and hold harmless the Funeral Home and Crematory to dispose of the unclaimed remains in any lawful non-retrievable manner.

Disclosures

Yes **No** The Deceased has the following implanted mechanical or radioactive devices, pacemaker and/or prosthetic devices

Yes **No** Witness of Cremation? (**\$150 fee will apply**): _____

Yes **No** Are there **special instructions**? If **Yes** Describe: _____

Cremation Container Selected: _____ Unfinished Fiberboard Tray or _____ Other: _____

Description of urn or container selected: _____ Temporary Container or _____ Urn _____

NOTE: In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated human remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

Order For Disposition

I authorize the Crematory to cremate and process the Deceased's remains and to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

(select one by placing 'X' by choice)

Release to Family Member(s) (Name(s)): _____

Ship via U.S. Postal Service* To (Name): _____

Phone _____ Address _____

Other (Describe): _____

Deliver to Cemetery (Name): _____

Phone _____ Address _____

INITIALS

Requirements, Procedures, And Policies

Deceased Name: (the "DECEASED") _____

The cremation, processing, and disposition of the remains of the Deceased authorized here in shall be performed in accordance with all governing laws, the rules, regulations, and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased may not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid container. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other non-combustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Funeral Home or Crematory to make disposition of any such non-combustible casket in any lawful manner it deems appropriate.

2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, Crematory, and its agents and employees to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of as indicated. If no specific instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home or Crematory.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/we authorize the Crematory to open the cremation chamber during the cremation process to reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.

4. Certain items including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, surgically placed metal devices, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/we further authorize that if any items other than the cremation remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and be disposed of in a non-retrievable manner by the Crematory. I/we hereby authorize 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 metals and to dispose of such materials at its discretion.

5. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to being placed in an urn or other selected container.

6. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a temporary container which is not designed for any long term storage.

7. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

8. 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 the 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 non-retrievable manner it deems appropriate.

9. Unless I/we give specific written instructions in this Authorization, the cremation, processing, and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.

10. I/we agree that in the event the cremated remains of the Deceased should go unclaimed for a period of 120 days after the date of such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful unretrievable manner it may deem appropriate.

11. I/we agree to indemnify, release, and hold the Funeral Home, Crematory, their affiliates, agents, employees, and assigns harmless from any and all loss, damage, liability, or causes of action (including, but not limited to attorney's fees and expenses of litigation) in connection with the cremation and disposition of the remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any mechanical or radioactive implanted device, or take possession of or make permanent arrangements for, the disposition of the remains of the Deceased.

12. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, employees, or assigns.

13. I/we understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

*** Rush Cremation Fee \$595 (Cremation of body within 24 hours of receipt of final permit) ** Cremation Scheduled to meet service time**

Signature and Indemnity

Deceased Name: (the "DECEASED") _____

I declare under penalty of perjury that the foregoing information is true and correct and that I make this statement to induce the Funeral Home and Crematory to perform or cause to perform the cremation, processing, and deposition of the remains of the Deceased immediately upon receipt of authorizing signatures and permits unless otherwise specifically indicated by family indicated above. I agree to hold harmless, indemnify, and defend the Funeral Home and Crematory against any claims, liabilities, damages, cost, or expenses, including attorney fees which may result from this Authorization and Order, including, without limitation, claims that arise from or relate to shipping, identity, kinship, explosive or harmful implant, infectious disease, or other persons claiming rights to control disposition of the Deceased's remains. Further, I/we agree to hold you, your servants, and your employees blameless and harmless from any and all liability whatsoever and for any loss or damage to said cremated remains, occasioned by an act of God, common enemy, theft, strikes, riots, vandals, order of Military or Civil Authority, and for any other act beyond our control.

I/we agree that from the point the cremated remains (ashes) are relinquished to the United States Postal Service (USPS) for shipping to indemnify, release, and hold the Funeral Home, Crematory, their affiliates, agents, employees, and assigns harmless from any and all loss, damage, liability, delay, lost, destroyed, harmed in any way, or causes of action (including, but not limited to attorney's fees and expenses of litigation), delay, lost or destruction. (If the legal next of kin is not signing below, a written statement of explanation must be completed by the person signing below.)

Date: _____  **X** _____

Signature of person claiming legal right to control disposition

Affordable Burial & Cremation Service

- () 13009 Dessau Rd. #M Austin, TX 78754
- () 2006 North W.S. Young #60 Killeen, TX 76543

Printed Name: _____

Relationship: _____


Signature of Funeral Director

Address: _____

Telephone No: _____

**IF THIS FORM IS NOT SIGNED IN THE PRESENCE OF A FUNERAL DIRECTOR,
THIS AREA 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 and sworn before me this the _____ day of _____, _____.

State of _____

County of _____

Seal

(Signature of Notary Public)

(Printed name of Notary Public)

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: _____

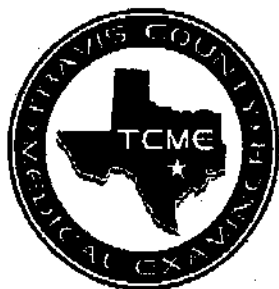
Signature and License # of Embalmer

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. X:

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