

Heart of Texas Cremation & Burial Service Crematory  
12010 W. Hwy. 290, Ste. 210, Austin, TX 78737  
512-243-7277/512-233-5205 fax

Heart of Texas Crematory-San Antonio  
1830 S. Presa, San Antonio, TX 78210  
210-599-2660/210-579-1979 fax

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 (We), the undersigned (hereinafter referred to as the "Authorizing Agent(s)"), hereby authorize and request Heart of Texas Crematory San Antonio or Austin (hereinafter referred to as "Heart of Texas"), 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.

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

**VIEWING OF THE DECEASED OR SERVICE PRIOR TO CREMATION      Yes  No**

If YES, Please specify the date and time of the viewing or service \_\_\_\_\_

**PACEMAKERS**

I (We) declare that to my (our) knowledge the deceased **DOES**  **DOES NOT**  have 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 (We) 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(s):** \_\_\_\_\_

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

**Initials of Authorizing Agent(s):** \_\_\_\_\_

**FINAL DISPOSITION**

The Authorizing Agent assumes responsibility for the disposition of the cremated remains; and the crematory establishment may: release to the Authorizing Agent(s), in person, the cremated remains of the deceased person; ship the cremated remains to the Authorizing Agent(s) if the Agent(s) 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 121<sup>st</sup> day following the date of cremation if the cremated remains have not been claimed by the Authorizing Agent.

1. Name of person(s) authorized to receive the cremated remains \_\_\_\_\_
2. Name of funeral establishment authorized to receive the cremated remains \_\_\_\_\_
3. Ship via U.S. Mail (Express Mail Return Receipt Required) Yes  No

**\*\*Initials of Authorizing Agent(s):** \_\_\_\_\_

**If mailing, provide address:**

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

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

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

\_\_\_\_\_

**SIGNATURE OF AUTHORIZING AGENT(S)**

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The Authorizing Agent(s) has/have 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(s): 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(s), the undersigned states that all representations and statements contained on this form are true and accurate, that these statements were made to contract with Heart of Texas to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

Print Name

Relationship to Decedent

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

Signature \_\_\_\_\_

Print Name

Relationship to Decedent

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

**FUNERAL DIRECTOR**

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

\_\_\_\_\_  
Printed name of Funeral Director

Cremation San Antonio, 1830 S. Presa, San Antonio, Texas 78210  
Name of Funeral Home and Address

**If this form is not signed in the presence of our Funeral Director, sign and complete this page, and sign the NOTARY ADDENDUM which will be provided to you.**

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Full Legal Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

**NOTARY ADDENDUM**

**This form must be signed in front of a Notary Public.**

Printed name of Authorizing Agent \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Authorizing Agent)

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

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

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

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

SEAL

My commission expires:

\_\_\_\_\_