

Mother of Faith Crematory

6029 S. R. L. Thornton Freeway – Dallas, Texas 75232
PHONE 214 371-2600 FAX 214-374-9901

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS IS A LEGAL DOCUMENT. PLEASE READ ALL INFORMATION CAREFULLY BEFORE SIGNING. THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT CREMATION. CREMATION IS AN IRREVERSIBLE AND FINAL ACT.

NAME OF DECEASED _____ ID DISC# _____

AGE _____ DATE OF DEATH _____ TIME OF DEATH _____

FUNERAL HOME NAME: _____ FD SIGNATURE _____

MAILING ADDRESS:

I/We the undersigned, certify, warrant, and represent that I/We, have the full legal right and know of no living person who has a superior priority under state law to authorize cremation, processing and disposition of the remains of _____ (Hereafter referred to as the deceased).

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 _____ (Initial)

I/We, hereby request authorize Mother of Faith Crematory to take possession of and make arrangements for the cremation of the deceased at Mother of Faith Crematory, Dallas, Texas.

Manner of *permanent disposition* of cremated remains if known _____

List any *valuables* to include jewelry, personal effects, etc... that are being delivered to the crematory with the deceased and instructions for handling of said valuables.

Please specify whether the authorizing agent has arranged for a viewing of the deceased or service with the deceased present before cremation and the date and time of the viewing and service.

PACEMAKER may create a hazard when placed in a cremation chamber. The crematory will not cremate any human remains which contains 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, it's agent and employees to remove any such device from the deceased prior to cremation and dispose of such device at its discretion. I/We understand that failure on my part (authorization agent) to notify the funeral home and/or crematory of such device could result in damage to crematory workers and equipment in which the authorizing agent(s) will be held liable.

THE DECEASED DOES _____, DOES NOT _____ CONTAIN AN TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

SHIPMENT OF CREMATED REMAINS:

The Authorizing Agent(s) request that delivery of the cremated remains of the above-named deceased be as specified in the manner shown below:

_____ Return to Funeral Home

_____ Release to Authorizing Agent in person at Mother of Faith Crematory

_____ Forward to the Authorizing Agent(s) or to someone designated by the Authorizing Agent(s)

Registered Mail To: _____

Address: _____

The Authorizing Agent(s) agrees to assume all liability for any damages that may arise from said delivery via U.S. Registered Mail and agrees to indemnify and hold harmless Mother of Faith Crematory, Inc., the above listed funeral home and employees of each from any and all claims related to said shipment.

Requirements: _____ Decorative _____ Temporary Urn

Container Requirements: _____ Cremation Casket/Rental Casket _____ Alternative Container

The cremation, procession and disposition of the remains of the deceased authorization herein shall be performed to accordance with all governing laws, rules, regulations and policies of the crematory and funeral home.

When a casket is used, the crematory is authorized to remove and dispose of handles, ornaments, and any non-combustible material. I/We authorize the remains of the deceased to be removed prior to cremation and placed in a combustible container. I/We further authorize the crematory to dispose of any non-combustible casket or hardware in any lawful manner deems appropriate.

There are certain items, including but not limit to, body prostheses, dentures, dental bridgework, dental filling, jewelry and other personal articles accompanying the deceased that may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the deceased and disposed of by Mother Of Faith Crematory.

The Cremation Container containing the deceased will be placed in the cremation chamber and will be totally an irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize Mother of Faith 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.

I/We hereby authorize Mother of Faith 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 material.

Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments will be mechanically pulverized to an unidentifiable consistency prior to placing in an urn or other container.

Mother of Faith Crematory or the above listed funeral home can in accordance with the law not earlier than the 121st day following the cremation dispose of the cremated remains if the cremated remains have not been claimed by the Authorizing Agent or their designees.

I/We understand and acknowledge that even the exercise of reasonable care and the crematory's best effort, 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 utilized to process the cremated remains. I/We hereby authorize the crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

I/We agree to indemnify, release and hold Mother of Faith Crematory, the above listed funeral home, their affiliates, agents, employees, assigns and officers 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 and disposition of the cremated remains of the deceased, as authorized herein, or by failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct and that I have read and understand the provisions contained in this document.

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

WITNESS _____ DATE _____