



TWIN OAKS CREMATORY
 OWNED AND OPERATED BY THE KEEVER FAMILY
 408 N. DALLAS P. O. Box 248 ENNIS, TX 75120
 (972) 875-3891 24 HOURS A DAY FAX (972) 875-2744



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: _____ **Case #** _____

Age of Deceased: _____ **Date of Death:** _____

Name of Authorizing Funeral Home: _____ **Phone Number:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

I, the undersigned, certify, warrant and represent that I have the full legal right and authority to authorize the cremation, processing, and disposition of the remains of _____ (hereafter referred to as the deceased).

I hereby request and authorize _____ Funeral Home to take possession of and make arrangements for the cremation of the Deceased at Twin Oaks Crematory.

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the crematory and the funeral home, and also the following terms and conditions:

It is the policy of the crematory to require the remains of the deceased be placed in some type of minimum rigid container. If the deceased is not in a container when it reaches the crematory, then the minimum container will be furnished and charged to the funeral home. When a casket is used, the crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible material. I authorize the remains of the deceased to be removed prior to cremation and placed in a combustible container. We further authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems appropriate.

PACEMAKER MAY CREATE A HAZARD WHEN PLACED IN A CREMATION CHAMBER. THE CREMATORY WILL NOT CREMATE ANY REMAINS WHICH CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. IN THE EVENT THE REMAINS CONTAIN SUCH A DEVICE, I HEREBY AUTHORIZE THE FUNERAL HOME TO REMOVE ANY SUCH DEVICE FROM THE REMAINS PRIOR TO CREMATION AND DISPOSE OF SUCH ITEMS AT ITS DISCRETION. I UNDERSTAND THAT FAILURE ON MY PART TO NOTIFY THE FUNERAL HOME / CREMATORY OF SUCH IMPLANTS COULD RESULT IN DAMAGE TO EQUIPMENT AND INJURY TO CREMATORY OPERATORS AND I WILL BE HELD LIABLE.

THE DECEASED DOES DOES NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

The cremation container containing the deceased will be placed in the cremation chamber and will be totally and irreversibly 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 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 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 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 of the deceased in a container made of plastic and covered with cardboard, which is destructible. The crematory will not be held responsible for any damage that might occur during shipment or delivery.

In the event this container or provided urn is insufficient to accommodate all 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 container or urn.

I understand and acknowledge that even the exercise of reasonable care and the crematory's best effort, it is not possible to recover 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 hereby authorize the crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

I AGREE TO INDEMNIFY, RELEASE AND HOLD THE CREMATORY, FUNERAL HOME, THEIR AFFILIATES, AGENTS, EMPLOYEES AND ASSIGNS, HARMLESS FROM ANY AND ALL LOSS, DAMAGES, LIABILITY OR CAUSES OR 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 MY 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.

DISPOSITION OF CREMATED REMAINS AND PERMIT TO SHIP IN DESTRUCTIBLE CONTAINER:

YOU ARE REQUESTED AND THIS IS YOUR AUTHORITY TO DELIVER THE CREMATED REMAINS OF: _____ IN THE BELOW SPECIFIED MANNER:

CERTIFIED MAIL TO: _____

ADDRESS: _____

I CERTIFY AND REPRESENT THAT I HAVE FULL POWER TO MAKE SUCH AUTHORIZATION. I HEREBY AGREE TO ASSUME AND AND ALL LIABILITY FOR COST OR DAMAGES SHOULD ANY LITIGATION ARISE BECAUSE OF SAID DELIVERY AND TO RELEASE **TWIN OAKS CREMATORY** FROM ANY AND ALL LIABILITY THAT MAY ATTACH HERETO BY REASON OF SAID DELIVERY TO SAID NAMED PARTY. IN CONSIDERATION OF **TWIN OAKS CREMATORY** WAIVING ITS RIGHT TO REQUIRE A PERMANENT URN FOR THE CREMATED REMAINS OF THE DECEASED, I HEREBY ACCEPT RESPONSIBILITY FOR SHIPMENT OR DELIVERY OF SAID REMAINS IN A RECEPTACLE OTHER THAN THAT REQUIRED BY SAID **TWIN OAKS CREMATORY**. THE UNDERSIGNED HEREBY AUTHORIZES CREMATORY TO DELIVER THE CREMAINS VIA U. S. MAIL AND AGREES TO ASSUME ALL LIABILITY FOR ANY DAMAGES THAT MAY ARISE FROM ANY CAUSE GROWING OUT OF SAID DELIVERY AND TO INDEMNIFY AND HOLD HARMLESS **TWIN OAKS CREMATORY** AND ALL FUNERAL DIRECTORS FROM ANY AND ALL CLAIMS RELATED TO SAID SHIPMENT.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I 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: _____

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AUTHORITY TO CREMATE - JUSTICE OF THE PEACE

THIS FORM MUST BE ACCOMPANIED BY AUTHORITY TO CREMATE SIGNED BY PROPER RELATIVES OR LEGAL REPRESENTATIVES OF THE DECEASED TOGETHER WITH CREMATION PERMIT FROM THE BUREAU OF VITAL STATISTICS.

I, _____, JUSTICE OF THE PEACE, PRECINCT NO. _____, COUNTY OF _____, STATE OF TEXAS DO HEREBY CERTIFY THAT AN AUTOPSY WAS PERFORMED WAS NOT PERFORMED ON THE DEAD BODY OF _____, WHOSE DEATH OCCURRED ON THE _____ DAY OF _____ YEAR _____ IN PRECINCT NO. _____, COUNTY OF _____, STATE OF _____, AND I FURTHER CERTIFY THAT SAID BODY MAY BE LAWFULLY CREMATED. GIVEN UNDER MY HAND THIS _____ DAY OF _____ MONTH _____, YEAR _____.

JUSTICE OF THE PEACE
PRECINCT NO. _____ COUNTY OF _____ STATE OF _____