



# HAVEN OF REST CREMATORY

## Authorization for Cremation

P.O. Box 2060 • 4560 Hwy. 87 South, Orange, Texas 77631-2060 • 409-735-7145

**NOTICE:** This is a legal document. It contains important provisions concerning cremation.  
Cremation is irreversible and final. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of \_\_\_\_\_

I/We hereby request and authorize \_\_\_\_\_  
Name of Deceased  
Name of Funeral Home

(hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Haven of Rest Crematory (hereinafter referred to as the "Crematory").

I (We) have positively identified the human remains that were delivered to the funeral home named above (the "funeral home") as the decedent and have authorized the funeral home to deliver the decedent to the crematory for cremation. I certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I am not aware of any person with a superior or equal priority right. If another person has an equal priority right to authorize cremation, I have made all reasonable efforts but failed to contact that person and I believe the person would not object to the cremation. I agree to indemnify and hold harmless the funeral establishment for any liability arising from performing the cremation without the person's authorization.

List any items of value delivered to the crematory establishment along with the human remains and include instructions on the handling of these items \_\_\_\_\_

I understand that due to the nature of the cremation process any VALUABLE METAL including dental gold, will either be destroyed or will not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Home, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

- ☐ No, the deceased HAS NOT been treated with therapeutic radio nucleotides.  
☐ YES, if yes, when was the last treatment administered? \_\_\_\_\_

☐ I/We further state that the Deceased does not have a heart PACEMAKER, radiation producing implant device, nor any other mechanical device implanted that could be explosive. If such a device exists, I hereby request and authorize the Funeral Home or any other responsible agency to remove such a device. I/We understand that I/We will be liable for any damages to the Crematory or injury to the Crematory personnel.

☐ Veteran Memorial Flag Participant – The deceased was a US Veteran and the family requests cremation honors with a retired US Flag.

**Disposition:** After the cremation has been performed and the cremated remains have been processed, the processed cremated remains will be placed in the designated urn or container. The Authorizing Agent(s) hereby direct(s) the crematory to dispose of the decedent's cremated remains as specified below. Complete one of the following:

- ☐ Return cremated remains to the Funeral Home. ☐ Deliver cremated remains to the following designated person:

Name \_\_\_\_\_ Address \_\_\_\_\_

For the purpose of: \_\_\_\_\_

☐ Deliver cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail or authorized carrier for shipment to for permanent disposition. (Attach copy of Post Office or carrier receipt)

Signature- authorizing agent 1 \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Relationship to the Deceased \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature- authorizing agent 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_  
Signature- authorizing agent 3 \_\_\_\_\_ Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Name (Please Print Clearly) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_