CREMATION AUTHORIZATION FORM

Pace of Death: Sex: Age: Date of Birth: Pacemaker: The decedent's remains contain a pacemaker, radioactive implant or other device that would be harmful to the crematory. If levice is present, I understand that device(s) will be removed prior to cremation. Please Check one: Sex		N AUTHURIZATION FURIVI	
Pacemaker: The decedent's remains contains a pacemaker, radioacthe implant or other device than would be harmful to the crematory. If what he present, it indevitation in its devict() will be removed prior to crematory. Please Check one NS or NO NO No No No No No No	Name of Decedent:		
Events (understand that device(s) will be removed print to cremation. Please Check one: YES or NO Was death caused by an infectious or contaginous diseased YES or NO W 17ES, please explains: Lonestar Mortury and Cremation strictly adheres to the guidelines set forth in Texas Vernon's Code. No exceptions will be granted or allowed, Sec. 71.200, DSPOSTION or BENARS, DUT *TO INTEL (s) Except as provided by subscided on Washed Code and the Code of the			
No exceptions will be granted or allowed. Ser. 71.000. DOFOCION OF SEAMING, DUTY TO INTEL (a) Except as provided by Subscicion ID, unless a deceased his the directions in smill got the disposale not including cereation, of the descelent's remains, shall inter the remains, and in accordance with Subscicion ID, and has for the remains the care districts of the descelent's remains, shall inter the remains, and in accordance with Subscicion ID, and has for the remains the care districts of the second science of the care and the state of the care and the second science of the descelent's survival genome. (2) on you one of the descelent's survival genome. (3) on you one of the descelent's survival genome. (4) on you one of the descelent's survival genome. (5) on you one of the descelent's survival genome. (6) on you one of the descelent's survival genome. (7) one will be remained on the early descelent of secondary of the other centers by one of the descelent. (8) on you one of the descelent's survival genome. (9) one will be remained on the early descelent of secondary of the other centers by the other than the survival genome. (9) one will be remained on the early descelent of secondary of the other centers by the other than the survival genome. (9) one will be remained on the early descelent of secondary of the descelent's settled on the center of the descelent. (9) one will be remained on the early descelent of secondary of the descelent's settled on the descelent's settle	device is present, I understand that device(s) will be removed pri	rior to cremation. Please Check one: YES or NO	
Subsection (s-1) are limited for the resonable cost of Inferement: (1) the period descendent's surviving protects: (2) other one of the descendent's surviving protects: (3) any one of the descendent's surviving protects: (3) any one of the descendent's surviving protects: (4) other one of the descendent's surviving that children; (5) any one or more of the that you published assessment or estimatish states of the descendent's surviving protects: (6) any one or more of the that you published assessment or estimatish states of the descendent's surviving that the control of the states of the descendent's surviving that the survi	No exceptions will be granted or allowed. Sec. 711.002. DISPOSI decedent has left directions in writing for the disposition of the d	SITION OF REMAINS; DUTY TO INTER. (a) Except as provided by Subsection (I), un decedent's remains as provided in Subsection (g), the following persons, in the p	priority
(a) any one of the december's surviving another challence; (b) with one one by the december's surviving potents; (c) only one or fine december's surviving optical sublings; (c) one one of the december's surviving optical sublings; (c) one one of the december's surviving optical sublings; (e) one of the december's surviving optical sublings; (ii) one of the december's surviving optical sublings; (iii) one of the december's surviving optical sublings are of the object of surviving in the order named by the order hands the surviving of the december's surviving optical surviving of the surviving of th	Subsection (a-1) are liable for the reasonable cost of interment: (1) the person designated in a written instrument signed by the decea		
As the authorizing Agent(A), I (ver) hereby agree to ident, indemnity, and hold hormless Lonestan Mortuary and Cremations, 4000 Trom Plana Dr., Housen's 1965, 1961 (prices, gents and employees) and from yar and alchaes demands, causes or crasses of action, and sixtle of every laint, what read description in two or equity, including any legal fees, costs and expenses of libigation, arising as a result of, based upon or connected with this authorization, including in laint or properly dividity the decedency on the human remains, transmitted to Lonestan Mortuary and Cormation, the proper disposition of the careant remains the failure to take possession of or make final arrangement for the proper disposition of the careant remains, any damage due to abruption to explanate disposition of the careant remains, any damage are a constituted remains or any action performed by I towestar Mortuary and Ceremators, its officers, agents, or employees, pursuant to this authorization, excepting which city of while proglements. SIGNATURE OF AUTHORIZING AGENT — PLEASE READ BEFORE SIGNING This is a legal document. It contains important provisions concerning creamators, the support of the careant remains of the exceeding of the support of the careant remains of the ecceeding. The support of the careant remains of the ecceeding of the support of the careant remains of the ecceeding of the support of the support of the careant remains of the ecceeding of the support of the ecceeding of the support of the support of the ecceeding of the ecceeding of the support of the ecceeding of th	 (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; (6) any one or more of the duly qualified executors or administrators 		
This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. By executing this document, as Authorizing agent(s), the undersigned warnet that all representations contained on this form. Remains to be released in person or by mail? In Person or By USPS Authorizing Agent must designate the person or entity to receive remains by filling in information below: Please release the remains of to None By signing this document, you understand that all cremated remains/personal property held for more than 30 days will incur daily storage fees at the expense of the Authorizing Agent must be done at the expense of the Authorizing Agent must be done at the expense of the Authorizing Agent must be done at the expense of the Authorizing Agent must be done at the expense of the Authorizing Agent must be done at the expense of the Authorizing Agent, on exceptions. State law, and will be done at the expense of the Authorizing Agent, on exceptions. State law, and will be done at the expense of the Authorizing Agent, on exceptions. State law, and will be done at the expense of the Authorizing Agent and the cremation of the deceased person and is not aware of any person with a superior or equal priority right; or 10 is a contract that person and believes the person would not object to the cremation; and (i) agrees to indemnify and hold harmority right to authorize cremation, the authorizing Agent has 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 10 is a contractive cremation and the crematory establishment for any ilability arising from performing the cremation without the person's authorization without the person's authorization without the person and believes the person would not object to the cremation; and (i) agree to indemnify and hold harmority right to authorize cremation, the authorizing Agent Primated Name:	As the authorizing Agent(s), I (we) hereby agree to defend, indemn Texas 77065, its officers, agents and employees of and from any and al in law or equity, including any legal fees, costs and expenses of litigated failure to properly identify the decedent, or the human remains, trans of the decedent's cremated remains the failure to take possession of a due to harmful or explodable implants claims brought by any other cremated remains or any action performed by Lonestar Mortuary an only acts of willful negligence.	nify and hold harmless Lonestar Mortuary and Cremations, 4400 Town Plaza Diall claims demands, causes or causes of action, and suits of every kind, nature and gation, arising as a result of, based upon or connected with this authorization, insmitted to Lonestar Mortuary and Cremations, the processing, shipping and final or make final arrangements for the proper disposition of the cremated remains, or person(s) claiming the right to control the disposition of the decedent, or the nd Cremations, its officers, agents, or employees, pursuant to this authorization	I description, including the al disposition any damage e decedent's
Remains to be released in person or by mail?	This is a legal document. It contains important provisions concerning c Agent(s), the undersigned warrant that all representations and statem nduce Lonestar Mortuary and Cremations to cremate the human rema	cremation. Cremation is irreversible and final. By executing this document, as ments contained on this form are true and correct; that these statements wer	re made to
Please release the remains of		son or by mail?	
Phone: By signing this document, you understand that all cremated remains/personal property held for more than 30 days will incur daily storage fees at the expense of the Authorizing Agent unless prior arrangements are made. In addition, Cremated Remains and/or property not claimed within 120 days will be considered abundanced and gray 12 and afterward, the cremated remains will be interred or scattered, and personal property will be disposed of in accordance with Texas State law, and will be done at the expense of the Authorizing Agent, no exceptions. Statement of Authorizing Agent The authorizing agent has 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 (8) if unother person has an equal priority right; or (8) if unother person has an equal priority right; or (8) if unother person has an equal priority right; or (9) if you have not all reasonable efforts but failed to contact that person and believes the person would not object to the cremation; and (1) 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 MANNER OF PERMANENT DISPOSITION: BURIAL SCATTERING NOT KNOWN ATTIME OF ARRANGEMENT TIME & DATE OF SERVICE (WITH REMAINS PRESENT) OR VIEWING OF REMAINS: OR NO SERVICE OR VIEWING WAS CHOSEN BY FAMILY PLEASE CHECK ONE: I understand nothing will be returned except the cremated remains. I authorizing Agent Printed Name: Authorizing Agent Printed Name: (IF THERE ARE MULTIPLE AUTHORIZING AGENTS, PLEASE HAVE EACH ONE SIGN HERE. PLEASE INDICATE RELATIONSHIP TO DECEASED.) * Funeral Director Printed Name: Funeral Director Signature: Date: Funeral Director Signature: Date: Funeral Home Name and Address: **FUNERAL HOME PHONE: Email:	Authorizing Agent must designate the person or entity to	o receive remains by filling in information below:	
Possible Security of the Address: Phone: **By signing this document, you understand that all cremated remains/personal property held for more than 30 days will incur daily storage fees at the expense of the Authorizing Agent unless prior arangements are made. In addition, Cremated Remains and/or property not claimed within 120 days will be considered abundanced and a 12 and a feterward, the cremated remains will be interred or scattered, and personal property will be disposed of in accordance with Texas State law, and will be done at the expense of the Authorizing Agent, no exceptions. **Statement of Authorizing Agent: **The Authorizing Agent Prior to authorize the cremation of the deceased person and is not aware of any person with a superior or equal priority right; or (8) if another person has on equal priority right to authorize the cremation, the authorizing agent: **In a comparison of the Agent Priority Pright to authorize the cremation, the authorizing agent: **In a comparison has on equal priority right to authorize the cremation, the authorizing agent: **In a comparison has one qual priority right to authorize the remation, the authorizing agent: **In a comparison has one qual priority right to authorize the remation and the crematory establishment of the cremation and (1) ageres 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 ***MANNER OF PERMANENT DISPOSITION:** BURIAL SCATTERING NOT KNOWN ATTIME OF ARRANGEMENT ITIME & DATE OF SERVICE (WITH REMAINS PRESENT) OR VIEWING OF REMAINS:** OR NO SERVICE OR VIEWING WAS CHOSEN BY FAMILY** LICENSE & CHECK ONE:** Authorizing Agent Printed Name:** Authorizing Agent Printed Name:** Authorizing Agent Printed Name:** CIF THERE ARE MULTIPLE AUTHORIZING AGENTS, PLEASE HAVE EACH ONE SIGN HERE. PLEASE INDICATE RELATIONSHIP TO DECEASED.) ** Funeral Director Printed Name:** Funeral Director Printed Name	Please release the remains of	to	
****FUNERAL HOME PHONE:			
NO SERVICE OR VIEWING WAS CHOSEN BY FAMÍLY PLEASE CHECK ONE: I understand nothing will be returned except the cremated remains. I authorize the following items to be cremated with the deceased: The following items are to be returned: Authorizing Agent Printed Name: Authorizing Agent Signature:	of the Authorizing Agent unless prior arrangements are made. In additi abandoned on day 121 and afterward, the cremated remains will be intestate law, and will be done at the expense of the Authorizing Agent, no Statement of Authorizing Agent: The authorizing agent has the right to authorize the cremation of the de (B) if another person has an equal priority right to authorize cremation, (i) has made all reasonable efforts but failed to contact that person and	tion, Cremated Remains and/or property not claimed within 120 days will be co terred or scattered, and personal property will be disposed of in accordance wi to exceptions. The eceased person and is not aware of any person with a superior or equal priority results, the authorizing agent: d believes the person would not object to the cremation; and	onsidered vith Texas right; or
I understand nothing will be returned except the cremated remains. I authorize the following items to be cremated with the deceased: The following items are to be returned: Authorizing Agent Printed Name: Authorizing Agent Signature: Date: Authorizing Agent Relationship to Decedent: Authorizing Agent Address: Authorizing Agent Phone Number: Email: (IF THERE ARE MULTIPLE AUTHORIZING AGENTS, PLEASE HAVE EACH ONE SIGN HERE. PLEASE INDICATE RELATIONSHIP TO DECEASED.) *	without the person's authorization MANNER OF PERMANENT DISPOSITION: BURIAL TIME & DATE OF SERVICE (WITH REMAINS PRESENT) OR NO SERVICE OR VIEWING WAS CHOSEN BY FAMILY	SCATTERING NOT KNOWN AT TIME OF ARRANGEMENT	
Authorizing Agent Relationship to Decedent:	I understand nothing will be returned except the cremated I authorize the following items to be cremated with the dec	eceased:	
Authorizing Agent Address: Authorizing Agent Phone Number: (IF THERE ARE MULTIPLE AUTHORIZING AGENTS, PLEASE HAVE EACH ONE SIGN HERE. PLEASE INDICATE RELATIONSHIP TO DECEASED.) * Funeral Director Printed Name: Funeral Director Signature: Date: #*FUNERAL HOME PHONE: Email: Email:	Authorizing Agent Printed Name:		
Authorizing Agent Phone Number:Email:	Authorizing Agent Signature:	Date:	
Authorizing Agent Phone Number:Email:	Authorizing Agent Relationship to Decedent:		
(IF THERE ARE MULTIPLE AUTHORIZING AGENTS, PLEASE HAVE EACH ONE SIGN HERE. PLEASE INDICATE RELATIONSHIP TO DECEASED.) *	Authorizing Agent Address:		
** Funeral Director Printed Name:	Authorizing Agent Phone Number:	Email:	_
Funeral Director Signature:Date: Funeral Home Name and Address: **FUNERAL HOME PHONE:Email:		IAVE EACH ONE SIGN HERE. PLEASE INDICATE RELATIONSHIP TO DECEASED.) *	
Funeral Home Name and Address: **FUNERAL HOME PHONE: Email:	Funeral Director Printed Name:	License #:	_ _
**FUNERAL HOME PHONE: Email:	Funeral Director Signature:	Date:	_
	Funeral Home Name and Address:		_
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