



Cremation Document Directions

- 1) Page 1 **Death Certificate**. Fill out completely.
This is the information for the death certificate.
- 2) Page 2 **Authorization to Embalm**. Sign and date at the bottom of the page when refusing embalming.
- 3) Page 3 & 4 **Authority to Cremate**. Fill out completely.
Spouse, POA, or all grown children or brothers and sisters must sign.
- 4) Page 5 **Statement of Goods and Services**. Fill in the information at the top and sign at the bottom.
- 5) Page 6 **Medical Examiner Release**. Under legal next of kin, print your name, your license #, and phone #, and sign. Just above this, state your relationship to the deceased and check yes. Include a copy of your license.

Please return all pages properly
completed and signed ASAP
via fax **(806)722-2443**
or email to **agapeobits@gmail.com**
Payment is due before services are rendered.

Thank you, Matthew Gregory
Owner/Funeral Director

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)					(Maiden)		2. DATE OF DEATH - <u>ACTUAL OR PRESUMED</u>	
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR MO DAYS		IF UNDER 1 DAY HOURS MIN		6. BIRTHPLACE (City & State or Foreign Country)	
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH ☐ Widowed ☐ Divorced ☐ Never Married ☐ Married ☐ Unknown			9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)			
10a. RESIDENCE STREET ADDRESS					10b. APT. NO.		10c. CITY OR TOWN	
10d. COUNTY		10e. STATE			10f. ZIP CODE		10g. INSIDE CITY LIMITS? ☐ Yes ☐ No	
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE				
13. PLACE OF DEATH (CHECK ONLY ONE)								
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify) _____					
14. COUNTY OF DEATH			15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no)			16. FACILITY NAME (If not institution, give street address)		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT(Street and Number, City, State, Zip Code)				

INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE

----- INFORMATION BELOW IS FOR STATISICAL PURPOSES ONLY AND IS NOT TO BE INCLUDED ON CERTIFIED COPIES -----								
43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) ☐ 8th grade or less ☐ 9th - 12th grade, no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS) ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			44. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) ☐ No, not Spanish, Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____			45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) ☐ White ☐ Black or African American ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____		
46. EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No			47. EVER A PEACE OFFICER IN THIS STATE? ☐ Yes ☐ No			☐ Other (Specify) _____		
48. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)						49. TYPE OF BUSINESS/INDUSTRY		

**AUTHORIZATION TO EMBALM AT FUNERAL
ESTABLISHMENT OR OTHER LOCATION**

Name of Licensed Funeral Establishment Agape Funeral Chapel

Name of Deceased _____ Date of Death _____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

Signature of next-of-kin or Person Responsible for making arrangements for final disposition _____ Date Signed _____

NOTE: Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.

If Authorization for embalming is oral, complete the following:

Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.

Authorization to embalm received from _____

Relationship to Deceased _____

Time _____ a.m. or p.m. Date _____

Received by _____

If no authorization can be obtained, complete the following:

I hereby acknowledge that _____ has made a reasonable effort over a

 Name of Establishment
 period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for
 performing embalming without permission. _____ Times contact with family attempted: _____

Signature and License # of Embalmer

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual.

Signature

Date _____



6625 W. 19th Street, Suite 103
Lubbock, Texas 79407
(806)722-2442 Fax: (806)722-2443
"Affordable Excellence in Every Detail"

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THE DOCUMENT CAREFULLY BEFORE SIGNING.

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

Date of Birth _____ Date of Death _____ Time of Death _____ County of Death _____

I/We hereby request and authorize Agape Funeral Chapel & Crematory to take possession of and make arrangements for the cremation of the remains of the Deceased at Agape Crematory.

I/We authorize Agape Crematory to return the cremated remains of the Deceased to the next of kin or person we authorize to pick up.

Is special handling required? ☐ Yes ☐ No Describe _____

Personal items delivered to crematory ☐ Yes ☐ No Describe _____

Description of urn or container selected: _____ Suitable for shipping ☐ Yes ☐ No

☐ Deliver to _____

☐ Release to family _____

☐ Ship to: Name _____ Address _____

☐ Other: _____

Description of Decedent

Sex: ☐ Male ☐ Female Race/Ethnicity: _____ Hair color: _____

Facial hair description if applicable: _____ Height: _____ Weight: _____

The Funeral Home is responsible for securing all legal signatures and authorizations.

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain 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, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation and dispose of such items at its discretion.

WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED ☐ DO ☐ DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated: _____

Description of implanted Device - If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.



6625 W. 19th Street, Suite 103
Lubbock, Texas 79407
(806)722-2442 Fax: (806)722-2443
"Affordable Excellence in Every Detail"

Description of implanted Device - If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of 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/We 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.
4. 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, 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 the Crematory, although we are not responsible for returning if cremated.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry, and precious metals, and to dispose of such materials.
6. 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.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of 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 urn or container.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become comingled with particles of other cremated remains remaining in the cremation chamber and/or other 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.
10. Unless I/We give specific handwritten instructions in this Authorization, the cremation, processing, and disposition of the remains of the Deceased or the unclaimed cremated remains of the Deceased in any lawful manner that is deemed appropriate.
11. I/We 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 of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our 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.
12. Except as set forth in this Authorization, no warranties, express or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents or employees.

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/We have read and understand the provisions contained in this document.

Signature _____ Print name _____ Relationship to deceased _____
Address _____ Tel. No () _____

Signature _____ Print name _____ Relationship to deceased _____
Address _____ Tel. No () _____

Signature _____ Print name _____ Relationship to deceased _____
Address _____ Tel. No () _____

WITNESS/FD _____ Lic. # _____ Date: _____



AGAPE FUNERAL CHAPEL & CREMATORY

6625 19th Street Ste. 103 — Lubbock, Texas 79407

(806) 722-2442

FUNERAL PURCHASE AGREEMENT

Name of Deceased _____ Last Address _____ Date of Death _____

Charge to _____ Telephone _____ Date of Service _____

Buyer's Home Address _____ City _____ State _____ Zip Code _____

Charges are only for those items that you have selected or that are required. If we are required by law or by cemetery or by crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

PROFESSIONAL SERVICES SELECTED

A. SERVICES OF FUNERAL DIRECTOR AND STAFF

\$ _____

B. EMBALMING

\$ _____

Reason for embalming _____

C. OTHER PREPARATION OF THE BODY

\$ _____

\$ _____

\$ _____

\$ _____

D. USE OF FACILITIES, STAFF SERVICES AND EQUIPMENT

1. Viewing per day \$ _____

2. Funeral Service \$ _____

3. Memorial Service \$ _____

4. Graveside Service and equipment \$ _____

5. Refrigeration of unembalmed remains \$ _____

E. TRANSPORTATION

1. Transfer of remains to funeral home \$ _____

2. Automotive Equipment \$ _____

A. Hearse \$ _____

B. Hearse at other location \$ _____

C. Family car \$ _____

D. Limousine \$ _____

E. Clergy car \$ _____

F. Other Automotive Equipment \$ _____

G. Addl. Mileage @ _____ (per mile) \$ _____

TOTAL OF PROFESSIONAL SERVICES SELECTED

\$ _____

F. MERCHANDISE

1. Casket \$ _____

2. Alternative Container \$ _____

3. Outer Burial Container \$ _____

4. Urn \$ _____

5. Stationery \$ _____

Acknowledgment Cards \$ _____

@ \$ _____ (per 25)

Register Book (s) \$ _____

Memory Folders / Prayer Cards \$ _____

6. Burial Clothing \$ _____

7. Other \$ _____

TOTAL OF MERCHANDISE SELECTED

\$ _____

Explanation of Certain Charges: Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing here.

WARRANTIES: The only warranties, expressed or implied, granted in connection with goods sold with this funeral service are the express written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose are extended by seller. I agree that any monies assigned above shall be paid to you within 60 days of the date of this contract. Upon your giving me at least five (5) days prior written notice that any monies due under the assignment(s) described above have not been paid to you as promised, you can require that any such unpaid amount(s) previously credited to my account be paid by me at once.

Charges are made only for those items that are used. If the type of funeral selected requires extra items, we will explain the reasons in writing on this contract. In the event I wish to complain or question any area of your service, I may contact you at my convenience. If any complaints cannot be resolved, I may also contact the Texas Funeral Service Commission, 1801 Congress Ave. Ste. 11.800, Austin, Texas 78701. Telephone Number: (888) 667-4881.

TERMS: The Unpaid Balance set out above will be due and payable on the Due Date set out above. A FINANCE CHARGE of 1½% per month (ANNUAL PERCENTAGE RATE 18%) will be added to all past due amounts not paid on or before the Due Date set out above. If this agreement is placed in the hands of an attorney and/or agency for collection, I (we) agree to pay reasonable attorney's fees and/or collection costs.

By his (her) signature, buyer(s) in addition to authorizing seller to conduct the funeral, perform the service, furnish the materials, and incur the charges specified within this agreement, on the terms and conditions set forth, acknowledges that prior to the execution of this agreement, a printed or typewritten list of retail price of the funeral services and funeral merchandise offered by seller was made available to buyer(s).

Executed this _____ day of _____, 20 _____.

Signature of Provisional License Assistant

ACCEPTED FOR SELLER:

By:

Signature of Funeral Director who made the arrangements

G. SPECIAL SERVICES

1. Forwarding remains to another funeral home \$ _____

2. Receiving remains from another funeral home \$ _____

3. Immediate burial \$ _____

4. Direct cremations \$ _____

Additional charges for staff services and/or use of facilities \$ _____

Describe: _____

Cemetery or crematory requirements if any _____

TOTAL OF SPECIAL SERVICES SELECTED

\$ _____

H. CASH ADVANCES

☐ 1. Cemetery charges \$ _____

☐ 2. Crematory charges \$ _____

☐ 3. Transportation \$ _____

☐ 4. Clergy honorarium \$ _____

☐ 5. Musicians honorarium \$ _____

☐ 6. Flowers \$ _____

☐ 7. Obituaries \$ _____

☐ 8. Certified copies of death certificates \$ _____

Number of copies _____

☐ 9. Police Escort \$ _____

☐ 10. Other \$ _____

We charge you for our service in obtaining those items marked with an ☒.

TOTAL OF CASH ADVANCES

\$ _____

SUMMARY OF CHARGES

PROFESSIONAL SERVICES \$ _____

MERCHANDISE SELECTED \$ _____

SPECIAL SERVICES \$ _____

CASH ADVANCES \$ _____

TOTAL OF ALL CHARGES (Balance Due) \$ _____

METHOD OF PAYMENT:

Less: ☐ Cash Received on Account \$ _____

☐ Sums consisting of my assignment to you of the proceeds of _____

(type of benefit assigned)

which I am making this day in a separate instrument \$ _____

UNPAID BALANCE \$ _____

UNPAID BALANCE DUE BY _____, 20 _____



LUBBOCK COUNTY MEDICAL EXAMINER

Charles Addington, D.O.
Chief Administrative Medical Examiner

RELEASE OF REMAINS FORM

This authorizes the Lubbock County Medical Examiner's Office, Lubbock County, Texas to release the remains of _____, _____,
Name of Deceased as it appears on Driver's License / Social Security Card Date of Death

To the _____ located at _____,
Name of Facility Address of Facility

In _____, _____, _____.
City State Zip

Authorization is also given to the above-named facility, or its designated agents, to remove the Deceased to their place of business to care for and prepare for disposition in accordance with professional standards and applicable law.

☐ (Check if applicable) If other than the above listed facility, this authorization gives the following agent permission to remove the body of the Deceased from the Lubbock County Medical Examiner's Office.

Agent's Business Name Agent's Business Address Agent's Business Phone

The authorized transport and/or funeral home is authorized to receive valuables / personal effects of the deceased.

I certify, under penalty of perjury, that I am the _____ (relationship of legal next of kin or judicial authority) of the Deceased and it is my legal right to control the disposition of the remains referenced above. I hereby release and hold harmless Lubbock County and its employees from all loss, damages, liability, or cause of action (including but not limited to attorney's fees and costs of litigation) in connection with the release of the remains of the Deceased as authorized herein.

LEGAL NEXT OF KIN or JUDICIAL AUTHORITY

Authorized Printed Name Authorized Signature Phone Number

State Driver's License or ID # or other Date

FACILITY REPRESENTATIVE

Facility Representative Printed Name Facility Representative Signature Phone Number Date

Witness Printed Name Witness Signature Phone Number Date