

**REST HAVEN CREMATORY, LTD.**  
**2500 State Highway 66 East • Rockwall, TX 75087**  
972-771-8641(phone) • 972-771-1912(fax)

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

Name of Deceased \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

D.O.D \_\_\_\_\_ Place of Death \_\_\_\_\_

T.O.D \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Funeral Home \_\_\_\_\_

Address of Funeral Home \_\_\_\_\_

Was the cause of death infectious or contagious disease?  No  Yes If yes, please explain.

I/We authorize and request Rest Haven Crematory, Ltd., to take possession of the remains of \_\_\_\_\_ hereinafter referred to as "the deceased," and to cremate and to arrange for the disposition of the cremated remains of the deceased. The remains should be delivered to the ( ) contracting funeral home, ( ) mailed (place address on page 2), ( ) or picked up by the authorizing agent or other appointed person(s) \_\_\_\_\_. I/We the authorizing agent agree to accept the responsibility of the final disposition of the cremated remains. Please mark the choice for final disposition of the cremated remains: ( ) buried or placed in a columbarium \_\_\_\_\_, ( ) kept at home for safekeeping, ( ) scattered, ( ) or undecided. I/We understand that the funeral establishment or crematory can dispose of the cremated remains in accordance with state law not earlier than the 121st day following the date of cremation if the authorizing agent has not claimed the cremated remains. Please list in the space provided any valuables delivered with the deceased and specify if they are to be cremated: \_\_\_\_\_ ( ) cremate, ( ) not to cremate.

I/We the undersigned certify, warrant, represent and authorize the following:

1. I/We have the full legal right, authority and power to execute this document and authorize the cremation, processing and disposition of the remains of the deceased.
2. I/We have positively identified the human remains delivered to the funeral home identified above as those of the deceased and authorize delivery of such remains to Rest Haven Crematory, Ltd. for cremation. The positive identification took place at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_. The means of positive identification was ( ) viewing, (additional fees may apply) ( ) viewing a picture, ( ) refusal of viewing.
3. The remains of the deceased ( ) do or ( ) do not contain any pacemaker, radioactive implant or any other implanted mechanical device; the only such devices implanted in or attached to the deceased are the following: \_\_\_\_\_. I/We have instructed the funeral home to remove or arrange for removal of all identified devices prior to delivering the remains of the deceased to Rest Haven Crematory, Ltd. and to dispose of such devices in a manner to be determined solely by the funeral home. The deceased ( ) had or ( ) had not been treated with therapeutic radio nuclides. I/We represent and warrant that the remains of the deceased will be free of all radioactive devices and materials before delivery to Rest Haven Crematory, Ltd.

I/We understand that Rest Haven Crematory, Ltd., is relying on the foregoing representations and statements and warrant the truth and accuracy of the representations and statements. I/We further understand that failure to notify the funeral home and/or crematory of any such implants or devices could result in damage to the crematory and/or injury to crematory employees of which I/we will be held liable.

It is the requirement of the crematory that the remains of the deceased be placed in some type of minimum container before cremation. If the deceased is not in a container before he/she reaches the crematory, then a minimum container will be furnished and charged to the funeral home. When a casket is used, the crematory will be authorized to remove and dispose of any handles, ornaments, and other non-combustible parts of the casket. I/We authorize the remains of the deceased to be removed from any non-combustible casket and placed in a combustible container. I/We further authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems necessary.

The cremation container holding the deceased and 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.

Certain items, including but not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry, and any other personal items accompanying the deceased, may be destroyed during the cremation process. I/We authorize the crematory to dispose of any items, other than the cremated remains of the deceased, which are recovered from the cremation chamber. I/We 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 to dispose of these materials in any manner it deems necessary. I/We understand and acknowledge that even with the exercise of reasonable care, 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 in or on devices utilized in the cremation process. I/We hereby authorize the crematory to dispose of any such residual particles in any lawful manner it deems necessary.

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 other 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. In the

event this container or the provided urn is insufficient in capacity to hold all of the cremated remains of the deceased, the excess cremated remains will be placed in a supplemental container and returned to the funeral home, together with the primary container and/or urn. The crematory will not be held responsible for any damages that might occur during shipment or delivery of the cremated remains.

**Disposition of Cremated Remains and Permit to Ship in Destructible Container**

\_\_\_\_\_ **Certified/Return Receipt Mail to: Return to Funeral Home**  
 Initials **Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_

I/We certify and represent that I/we have full authority to make the above authorization. I/We do hereby agree to assume any and all liability for cost or damages, should any litigation arise because of the above said delivery and to release and hold harmless Rest Haven Crematory, Ltd., from any and all liability that may attach hereto by any reason for the delivery of cremated remains to the above stated party.

**Release and Indemnity**

As the authorizing agent(s), I/we do hereby release and agree to indemnify, defend, and hold harmless Rest Haven Crematory, Ltd., its affiliates, shareholders, directors, officers, agents, and employees, of and from any and all claims, demands, damages, liabilities, causes of action and suits of every kind, nature and description in law or equity, including any legal fees, costs and expenses of litigation, arising as the result of, based upon, or connected with this authorization, including, but not limited to, the failure to properly identify the deceased or the human remains delivered to Rest Haven Crematory, Ltd., the processing, shipping, and final disposition of the deceased's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explosive implants or infectious or contagious diseases, the incidental or inadvertent commingling of the deceased's cremated remains with other cremated remains, the disposal of metal or other non-human materials recovered to which may be affixed to bone particles or other residue, claims brought by any person(s) claiming the right to control the disposition of the deceased or the deceased's cremated remains, or any other cause. No warranties, expressed or implied, are made by Rest Haven Crematory, Ltd., and damages shall be limited to the amount of the cremation fee paid to Rest Haven Crematory, Ltd.

I/We certify and represent that I/we have full power to authorize the cremation of the named deceased. In addition, I am/we are aware of no objection to this cremation of the named deceased by any person, including any spouse, child, parent, or sibling. I/WE represent that if another person has an equal priority right to authorize the 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 liability arising from performing the cremation without the person's authorization.

**SIGNATURE(S) 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 of this document.

<u>SIGNATURE</u>	<u>PRINTED NAME</u>	<u>RELATIONSHIP</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SIGNATURE FOR FUNERAL HOME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**AUTHORITY TO CREMATE-JUSTICE OF THE PEACE**

I, \_\_\_\_\_, Justice of the Peace for Precinct No. \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, do hereby certify that an autopsy \_\_\_\_\_ was performed \_\_\_\_\_ was not performed on the dead human 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 \_\_\_\_\_, year \_\_\_\_\_.  
 \_\_\_\_\_ Precinct No. \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
 Justice of the Peace