

Republic of Texas Cremations
Cremation Packet

Please follow the instructions and complete all of the information requested in this Cremation Packet. Failure to do so will delay the cremation.

STEP 1. We need to know who the LEGAL NEXT OF KIN is. Initial the appropriate statement below:

_____ There is a Written Instrument signed by the decedent and notarized declaring that cremation is the chosen method of disposition and names the person to control the disposition. Acceptable forms are the DD Form 93, the Appointment of Agent to Control Disposition form or a Will that meets the above requirements.

_____ I am the Spouse (separated but not divorced is still married) We do not recognize the phrase "common-law". The State of Texas Death Certificate recognizes the terms married, divorced, widowed, never married or unknown.

_____ There is no spouse. I am an adult Child (by birth or adoption) of the deceased. If there are multiple adult Children I attest that they all agree to the cremation. We can not recognize step-children for the cremation authorization.

_____ There is no spouse or adult children. I am one of the decedent's Parents. If both parents are alive I attest that we both agree to cremation.

_____ There is no spouse, adult children or parents. I am an adult Sibling. If there are multiple adult Siblings I attest that they all agree to the cremation.

_____ There is no spouse, adult children, parents or siblings. I attest that I am the person with the next degree of kinship in the order named by law to inherit the estate of the decedent. My relationship is _____.

_____ I declare that I represent the Legal Next-of Kin _____
(print name of Legal Next-of Kin)

who bears the relationship of _____ to the Decedent.

NOTE: If you have the POWER OF ATTORNEY for the Legal Next-of-Kin we will have to have a copy of that document.

(signature of Next-of-Kin or Power of Attorney)

(date signed)

(printed name of Next-of Kin or Power of Attorney)

STEP 2. We need to gather the biographical information about the decedent in order to complete the Death Certificate. If you do not know the information please write UNKNOWN in the space. We will use this information to complete the Death Certificate. You will have a chance to verify the accuracy of this information before the Death Certificate is filed with the State of Texas. **If you approve the information and there is an error that you want corrected you will be responsible for paying to amend the Death Certificate and paying for corrected certified copies.**

BIOGRAPHICAL INFORMATION ABOUT DECEDENT

First Name _____ Middle Name _____

Last Name _____ Suffix _____ (Jr., Sr., I, II, III etc.)

Maiden Name _____ (do not use maiden name as middle name)

Any Assumed Names (AKA) _____

Date of Birth ____ / ____ / ____ (month, day, year) MALE or FEMALE (circle one)

Place of Birth _____ (city & state or foreign country)

Fathers Full Name _____

Mothers Full Name (with maiden) _____

Social Security Number _____ - _____ - _____

Married Widowed **Divorced** Never Married **Unknown** (circle one)

If married Spouses Full Name (if female provide maiden name) _____

Residence Address _____ Apt# _____

City _____ County _____ State _____ Zip _____

Is this address inside the city limits YES or NO (circle one)

Highest Level of Education: **8th grade or less** 9th - 12th grade without diploma

High School Diploma or GED Some College without degree **Associates Degree**

Bachelors Degree **Masters Degree** Doctorate (circle one)

U.S. Armed Forces YES or NO (circle one) Branch _____

Texas Police Officer YES or NO (circle one) Hispanic YES or NO (circle one)

Race _____

Usual Occupation _____ (do not put retired)

What type of Industry _____

STEP 3. As the Next-of Kin or the Power of Attorney you will be listed as the “Informant” on the Death Certificate. Please complete the following:

Print your name as it should appear _____

Relationship to Decedent _____

Your mailing address _____

City _____ State _____ Zip _____

The best phone number to reach you () _____ - _____

Alternate phone number if needed () _____ - _____

Your email address _____

Alternate email address if needed _____

STEP 4. Tell us how many Death Certificates to order for you. The State of Texas charges \$21.00 for the first certified copy and \$4.00 for each additional certified copy.

I want _____ certified copies of the Death Certificate.

I will pick up the Death Certificates when I pick up the cremated remains at the Crematory **YES or NO** (circle one)

I want the Death Certificates mailed to me with the cremated remains **YES or NO** (circle one)

I want the Death Certificates mailed to me separately **YES or NO** (circle one) **if YES \$7.00 will be added to your contract.**

If you want the Death Certificates mailed separately, do you want us to use the address in STEP 3 ? **YES or NO** (circle one) **if NO please give us a different address below:**

Name of recipient _____

Address _____

City _____ State _____ Zip _____

STEP 5. Completing the Cremation Authorization Form. Since this form will be completed by you and returned to us by fax or email your signature must be witnessed by a Notary Public.

NORTH PARK CREMATORY
796B Russell Palmer Dr., Kingwood, TX 77339
Cremation Authorization Form

Identification

Name of Deceased _____

Date of Death _____ Time of Death _____ Place of Death _____

Sex _____ Age _____

Please be advised that North Park Crematory strictly adheres to the guidelines set forth in Vernon's Texas Code. No exceptions will be granted or allowed.

Limitations of Liability

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless NORTH PARK CREMATORY, it's officers, agents, and employees, of and from any and all claims, demands, causes or 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 a result of, based upon or connected with this authorization, including the failure to properly identify the deceased or the human remains transmitted to North Park Crematory, the processing, shipping and final disposition of the decedent'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 explodable implants, claims brought by other person(s) claiming the right to control the disposition of the decedent's cremated remains, or any other action performed by North Park Crematory, it's officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

SIGNATURE OF AUTHORIZING AGENT

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

By executing this Cremation Authorization Form, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce North Park Crematory to cremate the human remains of the decedent, and that the undersigned has read and understands the provisions contained on the entire form.

Executed at _____, this _____ day of _____, 20_____

Name (print) _____ Signature _____

Relationship to Decedent _____ Phone Number _____

Address _____

Form of Identification _____

NOTE: SIGNATURE MUST BE WITNESSED BY NOTARY PUBLIC

Initial _____ I/We authorize the Crematory to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the funeral home.

Initial _____ I/We appoint the Crematory as my agent to make shipment of said cremated remains via the U.S. Postal Service (express mail). I am aware that the Crematory's services have been fully completed when the cremated remains are accepted by the USPS. I understand that the Crematory assumes no responsibility after delivery to the USPS.

Shipping address _____

PACEMAKERS, PROTHESES AND RADIOACTIVE IMPLANTS

Initial one of the next two statements:

_____The decedent's remains **do not** contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. The decedent's remains are safe to cremate.

_____The following list contains **all** existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent that should be removed prior to cremation:_____

I have instructed and authorized the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS AND OTHER DEVICES LISTED ABOVE, MUST BE REMOVED PRIOR TO ACCEPTANCE BY NORTH PARK CREMATORY, LLC

I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of our Funeral Home, has any knowledge that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that we identified to our Funeral Home as the Decedent, that our Funeral Home obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Funeral Director to sign here if witnessing X_____

Notary Public as witness for signature(s) of Authorizing Agent(s)

Name of Funeral Home or Other Establishment: Darst Funeral Home

Address of Funeral Home or Other Establishment: 796 Russell Palmer Rd., Kingwood, TX 77339, Ph 281-312-5656

State of _____, County of _____

(signature of Notary Public)

(printed name of Notary Public)

My commission expires:

SEAL

NORTH PARK CREMATORY

Policies, Procedures and Requirements

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies and procedures and requirements of North Park Crematory and the designated funeral home. This legal document describes many of the policies and requirements of North Park Crematory and is incorporated into our Cremation Authorization Form. We strongly suggest you take the time to read this document carefully before executing the Cremation Authorization Form.

CREMATORY'S REQUIREMENTS FOR CREMATION

Cremation will take place only after all of the following conditions have been met.

1. Any scheduled ceremonies or viewing have been completed.
2. Civil and medical authorities have issued all required permits.
3. All necessary authorizations have been obtained.
4. A Cremation Permit from the Bureau of Vital Statistics accompanies this document.

CASKET/CONTAINERS

Regulations and the Crematory require either a casket or alternative container for cremation. All caskets and alternative containers must meet the following standards: 1) be composed of materials suitable for cremation, 2) be resistant to leakage or spillage, 3) be sufficient for handling with ease, 4) be able to provide protection for the health and safety of crematory personnel. Many caskets that are comprised primarily of combustible materials also contain some exterior parts, e.g. decorative handles or rails, that are non-combustible and that may cause damage to the cremation equipment or cause excessive visible emissions. North Park Crematory, at its sole discretion, reserves the right to remove these non-combustible or high risk materials prior to the cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner. Crematory will not accept remains to be cremated in a metal casket or container.

PACEMAKERS, PROSTHESIS AND RADIOACTIVE DEVICES.*

Pacemakers and prosthesis, as well as any other mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is important that pacemakers and radioactive devices be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to North Park Crematory or crematory personnel by such devices or implants.

THE CREMATION PROCESS

ALL CREMATIONS ARE PERFORMED INDIVIDUALLY

Depending on local laws, there may be a waiting period of up to 48 hours from the time of death before the human remains may be cremated. Before cremation, mechanical devices such as pacemakers, infusion pumps, stimulators, etc., must be removed because they may explode during the cremation process, causing extensive damage to the cremation equipment and injury to the crematory personnel. To begin the cremation process, The human remains and the cremation container are placed in the cremation chamber. Open flames raise the temperature of the chamber to 1600-2000 degrees Fahrenheit for a period of approximately two hours. The time varies with each human cremation. When the cremation is performed, the partially cremated remains may be repositioned to facilitate completion of the cremation process. To reposition the human remains or to remove the cremated remains from the cremation chamber, a broad hoe-like instrument is used. Every effort is made by the operator to completely remove every particle from the chamber floor. However, tiny particles may remain in the cremation chamber and become commingled with particles of another cremation. After the cremated remains are removed from the cremation chamber they are then processed to their final reduced consistency. The cremated remains are then placed into an urn or some other type container. Most cremated remains weigh between 4-8 pounds, depending on the bone structure of the human remains. Metal objects, such as jewelry and dental gold, may break down or vaporize during the cremation process. These small pieces, along with larger pieces of metal (e.g. hinges, screws, and prosthesis), may be removed from the cremated remains using a magnet or some other means, then disposed of according to local laws and policy. Any other questions regarding the cremation process should be addressed to the funeral professional that assisted you in making these arrangements.

URNS/CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. North Park Crematory will make a reasonable effort to put all of the cremated remains in the urn or container. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the additional cremated remains will be placed in a separate container. The separate container will be kept with the primary urn or container and be handled according to the disposition instructions on the Cremation Authorization Form. North Park Crematory requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case for an adult, it is recommended that the urn or container be a minimum size of 200 cubic inches.

FINAL DISPOSITION

CREMATION IS NOT FINAL DISPOSITION, nor is placing the cremated remains in storage at a funeral home final disposition. North Park Crematory strongly suggests that arrangements for the final disposition be made at the time that the cremation arrangements are made and that the Cremation Authorization Form is completed.

LIMITATION OF LIABILITY

The obligations of North Park Crematory shall be limited to the cremation of the decedent and the disposition of the cremated remains as authorized on the Cremation Authorization Form. No warranties Expressed or Implied are Made and Damages Shall be Limited to the Amount of the Cremation Fee Paid.

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment : **Darst Funeral Home**

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. If you authorize embalming, you also authorize the charge for embalming.

DECLINED

Date Signed _____

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

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 Heart of Texas Cremation & Burial Service has made a reasonable effort over a 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

CREDIT CARD AUTHORIZATION FORM

ONCE YOU RECEIVE YOUR STATEMENT OF FUNERAL GOODS AND SERVICES FROM YOUR FUNERAL DIRECTOR PLEASE VERIFY THAT THE AMOUNT IS CORRECT AND THEN COMPLETE THIS FORM TO AUTHORIZE PAYMENT BY CREDIT CARD.

TYPE OF CREDIT CARD VISA MASTERCARD AMERICAN EXPRESS **CIRCLE ONE**

CREDIT CARD NUMBER _____

EXPIRATION DATE _____/_____/_____

NAME ON THE CARD _____

3 DIGIT CODE (ON BACK OF CARD) IF VISA/MASTERCARD _____

4 DIGIT CODE (ON FRONT OF CARD) IF AMERICAN EXPRESS _____

BILLING ADDRESS FOR CARD _____

I AUTHORIZE THE AMOUNT OF \$ _____ TO BE CHARGED TO MY CREDIT CARD.

AUTHORIZED SIGNATURE

DATE