

# Cremation Authorization Form

*Identification*

Name of Decedent  DOBirth:

DOD  TOD

Authorizing Agent/NOK  Relationship to Decedent

*Cremation Authorization*

I, \_\_\_\_\_ (**authorizing agent/NOK**), state that I have the right to authorize the cremation of \_\_\_\_\_ (**decedent**), and I am not aware of any person with a superior or equal priority right; or 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; and I agree 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. I authorize the crematory establishment to cremate the deceased remains of \_\_\_\_\_ **decedent**.

- ☐ The deceased human remains **DO** \_\_\_\_\_ (describe the implant/material: \_\_\_bladder pacemaker) \_\_\_\_\_
- ☐ or **Do Not** \_\_\_\_\_ contain a pacemaker or any other material or implant that may potentially be hazardous or cause damage to the cremation chamber or the person performing the cremation.

*Release of Remains*

I authorize the release of the cremated remains to \_\_\_\_\_  
or, I authorize shipment of the cremated remains to  
(Name) \_\_\_\_\_ Address \_\_\_\_\_

*Agreement*

The authorizing agent/NOK \_\_\_\_\_ assumes responsibility for the disposition of the cremated remains and the crematory establishment may: a- release to the authorizing agent, in person, the cremated remains of the deceased person; b-ship the cremated remains to the authorizing agent if the agent authorizes shipment and provides a shipping address on the authorization form; or c- dispose of the cremated remains not earlier than the 121st day following the date of cremation, in accordance with Health & Safety Code Chapter 716, if the cremated remains have not been claimed by the authorizing agent/NOK. I \_\_\_\_\_ (authorizing agent) attest to the accuracy of all representations contained on this cremation authorization form.

Authorizing Agent/NOK Print

\_\_\_\_\_

Authorizing Agent/NOK Signature

X \_\_\_\_\_

Date:

FDIC/Funeral Home Agent Print

FDIC License# \_\_\_\_\_

FDIC/Funeral Home Agent Signature

X \_\_\_\_\_

Date: