

Legal Name of Decedent: _____
(last) (first) (middle) (suffix)

Sex: m _____ f _____ Maiden Name: _____ **Social Security #:** _____

Married: _____ Widowed: _____ Never Married: _____ Divorced: _____ Unknown: _____ Veteran _____

Race: White _____ Black _____ Native American _____ Asian _____ Other _____

If Hispanic: Mexican _____ Cuban _____ Brazilian _____ Puerto Rican _____

Home Address of Deceased – Street: _____ City: _____

State: _____ Zip: _____ County: _____ in city limits? Yes: _____ No _____ If no, Pct # _____

Date of Death: _____ **Time of Death:** _____

Name of Facility: _____ Phone # _____

Street Address of Facility: _____ City: _____

State: _____ Zip: _____ County: _____ in city limits? Yes: _____ No _____ If no, Pct # _____

Inpatient _____ **ER/Outpatient** _____ **DOA** _____ **Nursing Home** _____ **Residence** _____

Hospice Facility _____ **Other (specify)** _____ **Phone @ Facility** _____

Actual Location of Deceased (if different than place of death):

Facility Name: _____ **Phone Number** _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Next of Kin _____ Maiden (if wife) _____

Relationship _____ Home Phone # _____

Cell Phone # _____ Fax # _____

E-mail Address _____

Mailing address of NOK – Street _____

City _____ State _____ Zip _____ County _____

Deceased: Date of Birth _____ **City & State of Birth** _____

Deceased Occupation while working:

Position _____ **Type of Industry** _____

8th grade or less _____ 9th-12th grade, no diploma _____ GED or HS Diploma _____

Some college/ no degree _____ Associate's _____ Bachelor's _____ Master's _____ Doctorate _____

Deceased Fathers Name: _____

Deceased Mothers Name: _____ **Maiden:** _____

If Veteran, Branch?: _____ **War service?:** _____

Date Entered Service: _____ **Date of Discharge from service:** _____

Was the Deceased ever a Texas Peace Officer: _____

CREMATION AUTHORIZATION FORM

Carnes Funeral Home Texas City
3100 Gulf Freeway
Texas City, TX 77591
409.986.9900, 409.986.9903 Fax



Carnes Funeral Home South Houston
1102 Indiana Street
South Houston, TX 77587
713.943.2500, 713.943.2503 Fax

Name of Decedent: _____

Place of Death: _____

Date of Birth: _____

Date of Death: _____

Time of Death: _____ Sex: _____

Age: _____

➔ Pacemaker Yes _____ No _____

Weight _____ lbs. ←

BEFORE CREMATION TAKES PLACE

- All necessary authorizations have been obtained, and no objections have been raised.
- Civil and medical authorizations must have issued all required permits.
- A Cremation Permit (Burial Transit Permit marked "cremation") from the Bureau of Vital Statistics MUST accompany this form.
- The 48 hour mandatory state waiting period must have expired, or have been waived in writing by the legal authority having jurisdiction.
- Any scheduled viewings or ceremonies with the body present must have been completed.
- The funeral home (or director) shall be aware if the decedent has any mechanical or radioactive devices or implants (such as pacemakers), as they may have to be removed prior to cremation. If such devices or implants should have been removed and were not, then the Authorizing Agent(s) will be responsible for any damages caused to the crematory or crematory personnel by such devices or implants.
- **All personal possessions or valuable materials, such as jewelry, dental gold, etc... if so desired, should be removed by Authorizing Agent(s) or Funeral Establishment prior to delivery to the Crematory.** As the cremation container WILL NOT normally BE OPENED by Cremate Texas (to remove valuables, to allow for a final viewing or for any other reason), arrangements must be made to remove such possessions or valuable prior to the delivery to the crematory. If not removed from the container prior to delivery, said items will be destroyed during the cremation process and disposed of, unless specifically listed and instructed otherwise on reverse side of this form.
- The crematory shall be Notified Prior to Arrival, of anyone wishing to witness the container being placed in the cremation chamber. Any such witnessing shall require a written waiver or hold-harmless agreement signed by the witness and the Authorizing Agent(s). Cremate Texas reserves the right to charge an additional fee to accommodate such special requests.

CREMATION CONTAINER

Remains must be placed in a container for cremation. Such containers must meet the following standards: 1) be composed of Combustible Materials; 2) provide complete covering of the body; 3) be Resistant to Spillage or Leakage; 4) be Rigid for Handling with ease; 5) be able to Provide Protection for the Health and Safety of the crematory personnel. Steel caskets are inappropriate for the cremation equipment, and WILL NOT be accepted. Any decorative handles, rails, or latches that are noncombustible and could cause damage to the cremation equipment may be removed and disposed of by the crematory in a non-recoverable manner.

THE CREMATION: PROCESSING OF THE REMAINS

- All cremations are performed individually unless authorized in writing by the authorizing agent of each deceased person.
- Cremation begins by placement of the cremation container in the cremation chamber where it is subject to intense heat and flame. During the cremation process it may be necessary to open the cremation chamber and reposition the remains in order to facilitate a complete and thorough cremation.
- Through the use of suitable fuel, incineration of the container and contents is accomplished and all substances are consumed and driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other nonhuman material) as the temperature is not sufficient to consume them. The time for cremation to be completed varies with the size and weight of each human remains, but generally requires 1.5 to 3 hours.
- Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, artificial eyes and other personal articles and property accompanying the remains of the Decedent, will be destroyed during the cremation process.
- Following a cooling period, the cremated remains are swept or raked from the cremation chamber. Every effort is made to remove all of the cremated human remains from the chamber. However, a small residue, or dust, may remain in the cremation chamber, resulting in incidental or inadvertent commingling of minute particles of cremated remains with other previous cremations.
- After the cremated remains are removed from the chamber, all noncombustible materials (not previously removed) insofar as possible, will be Separated and Removed from the bone fragments by visible or magnetic selection and will be disposed of by the crematory in a non recoverable manner.
- Because the skeletal remains often contain recognizable bone fragments, they are mechanically processed (pulverized) or reduced in size to uniform particles. This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. The processed cremated remains, depending on the bone structure of the decedent will weigh between 4 to 8 pounds, and are usually white in color, but can be other colors due to temperature variations and other factors. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.
- If an urn or other container is not provided to the crematory, or is insufficient in size to accommodate all the remains, the crematory will place the remains, or any excess, in a temporary receptacle (container) made of plastic or cardboard. Any receptacle containing excess cremated remains will be kept with the primary receptacle and handled according to the Disposition Instructions on the Cremation Authorization Form. It is recommended that any urn or container supplied to the crematory be a minimum of 200 cubic inches.

AFTER CREMATION HAS BEEN COMPLETED

- Cremation is NOT a final disposition, nor is placing the cremated remains in storage at a funeral establishment. The cremation process simply reduces the decedent's body to cremated remains or bony fragments. The urn or container containing the cremated remains will be returned to you or the individual, cemetery, or funeral establishment designated on the Cremation Authorization Form.
- If the cremated remains are not claimed by the 121st day following the date of cremation, then Cremate Texas shall arrange for the final disposition or dispose of the cremated remains in any manner permitted by law. Such disposition may include commingling with other cremated remains, and thereafter the cremated remains of the decedent will not be recoverable.
- Cremate Texas strongly suggests that you consult your funeral professional for the many options available for final disposition.

LIMITATION OF LIABILITY

The obligations of Cremate Texas Crematory shall be limited to the cremation of the decedent and the disposition of the decedent's 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.

Funeral Director's initials _____

Authorizing Agent(s) initials _____ ←

Name of Decedent: _____

I/We, the undersigned (the "Authorizing Agent(s)") hereby authorize the cremation, processing, and disposition of the decedent listed above by Cremate Texas ("the Crematory") in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations. I/We hereby request and authorize the Funeral Establishment listed above to take position of, make arrangements for, and deliver the decedent to the Crematory, for cremation.

As the Authorizing Agent(s), I/We hereby agree to indemnify, defend, and hold harmless the Crematory and Funeral Establishment, their 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 failure to properly identify the Decedent or the human remains transmitted to Cremate Texas, 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, and damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by the Crematory, the designated Funeral Establishment, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Following the cremation and processing of the cremated remains, the Crematory will arrange for the return of the cremated remains to the contracted Funeral Establishment. **If the Authorizing Agent(s) chooses to Ship Cremation Remains or Release to a Designated Person**, the Authorizing Agent(s) hereby authorizes the Crematory or Funeral Establishment to release, deliver, transport, or ship the cremated remains as specified. The Authorizing Agent(s) is Responsible for the Disposition of the Cremated Remains and No Remains Will Be Accepted Without Instructions for Disposition. In accordance with, 2003 HB 587, Chapter 716, Sub Chapter B, Sec 716.052, Article 11, b-1&2 Cremated remains not claimed by the 121st day following cremation will be disposed of. **Check one of the following if applicable:**

➔ 1. SHIP TO: _____
(Name of Individual to receive Cremation Remains) Mailing Address City St/Zip
(#1 is delivery of cremated remains via USPS, Registered Return Receipt Mail. Authorizing Agent agrees to assume all liability that may arise from such shipment, and to indemnify and hold the Crematory and Funeral Home harmless from any and all claims related to shipment.)

➔ 2. RELEASE TO DESIGNATED PERSON: _____ Relationship _____

The cremation, processing, and disposition of the Decedent authorized herein shall be performed in accordance with the governing laws, rules, regulations, and policies of the Crematory and Funeral Establishment, and the following terms and conditions.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING DECEDENT TO CREMATE TEXAS CREMATORY.

Mechanical or radioactive devices implanted in the remains of the Decedent (such as Pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not accept for cremation, any remains which contain such devices. In the event the remains of the Decedent contain such device(s), I/we hereby authorize the Funeral Establishment, its agents and employees, to remove said device(s) and dispose of same at their discretion.

WE CANNOT GUARANTEE THE RETURN OF PERSONAL ITEMS LEFT ON A DECEDENT. ALL PERSONAL PROPERTY (JEWELRY, CLOTHING, ETC.) THAT IS NOT TO BE CREMATED MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO CREMATE TEXAS CREMATORY.

➔ I/We choose to visually inspect the remains and remove personal items prior to cremation (charges apply) Authorizing Agent(s) initials _____, _____
➔ I/We choose NOT to visually inspect the remains and remove personal items prior to cremation. Authorizing Agent(s) initials _____, _____
Personal property left on a body will be destroyed during the cremation process.

I/We, the undersigned hereby certify that I/We are the closest living relative, next of kin of the Decedent, or that I/We otherwise serve in the capacity of a legal representative to the decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power according to the laws of the state, to execute the authorization for and to arrange for the cremation and disposition of the cremated remains of the Decedent. Unless otherwise stated, I/We am not aware of any person(s) with a superior or equal priority right. If such a person(s) exists, I/We have made all reasonable efforts but failed to contact that person(s) and believe such person(s) would not object to the cremation. Furthermore, I/We am aware of no objection to this cremation by any spouse, child, parent, or sibling.

Additional Spaces (IF NEEDED) for Authorizing Agent(s) Signatures (undersigned agrees to all terms and conditions contained in the Cremation Authorization Form).

➔ Signature _____ Printed Name _____ Relationship _____ Date _____

➔ Address _____ Street _____ City _____ State/Zip _____ Tel No() _____

➔ Signature _____ Printed Name _____ Relationship _____ Date _____

➔ Address _____ Street _____ City _____ State/Zip _____ Tel No() _____

REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and/or agent/employee of the designated Funeral Establishment indicated on the Cremation Authorization Form, I warrant to the best of my knowledge the following:

- 1) Our Funeral Establishment was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this form with them.
- 2) That no member of our Funeral Establishment has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
- 3) That the human remains delivered to Cremate Texas Crematory and represented as the human remains specified on this form, are in fact the human remains that were identified to our Funeral Home as the decedent.
- 4) That our Funeral Establishment obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached, or have been delivered to the crematory.
- 5) That the remains of the decedent do not contain any type of implanted mechanical or radioactive device, and is therefore safe to be cremated.
- 6) That all personal property that is not to be cremated has been removed.

Licensed Funeral Director representing Funeral Establishment

License #

Date

Carnes Funeral Home Texas City
3100 Gulf Freeway
Texas City, TX 77591
409.986.9900, 409.986.9903 Fax



Carnes Funeral Home South Houston
1102 Indiana Street
South Houston, TX 77587
713.943.2500, 713.943.2503 Fax

This disclosure form is printed in compliance with the Federal Trade Commission Trade Regulation Rule for Funeral Service Practices.

Name of Decedent: _____

I/We made the arrangements for the funeral and final disposition of the remains of, deceased, and do hereby attest to the following.

- (1) I/We were given/shown a General Price List, effective **February 11, 2011** prior to discussing prices, services, or merchandise.
- (2) I/We were given/shown a Casket Price List, effective **February 11, 2011** prior to discussing prices or caskets.
- (3) I/We were given/shown an Outer Burial Container Price List, effective **February 11, 2011** prior to discussing prices or outer burial containers.
- (4) I/We were not told that embalming is required by law and were told that the law does not require embalming except in certain special cases. If it was provided, this was done with my/our permission.
- (5) I/We were not told that any law requires embalming for direct cremations, immediate burial, a funeral using a sealed casket, or if refrigeration is available and the funeral is without viewing or visitation and with a closed casket.
- (6) I/We were not told that any law requires a casket for direct cremation or that a casket other than an unfinished wood box is required for direct cremation or for direct disposition.
- (7) I/We were told that state law does not require the purchase of an outer burial container or any of the funeral goods or services I/We selected except as set forth on the statement of funeral goods and services selected.
- (8) No claims were made to me/us as to the merchandise or other offerings of this funeral firm (embalming, casket, outer burial container) that embalming or the use of any merchandise available from this funeral firm would delay the decomposition of the remains for a long term or indefinite time, or would protect the body from graveside substances. No representations or warranties were made to us regarding caskets or outer burial containers. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties, if any, extended by the manufacturers thereof. No other warranties, including the implied warranties of merchantability or fitness for a particular purpose were extended to us.
- (9) I/We were not told that the amount of each of the cash advance items was the cost to the funeral firm. We were told the cost may be different based on volume or cash discounts or other professional/trade customs.

Date

Signature of Person Arranging Funeral

Signature of Funeral Director

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment Carnes 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.

_____ 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 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



3100 Gulf Freeway, Texas City, TX 77591
409.986.9900, 1.888.822.7637, fax 409.986.9903
www.carnesfuneralhome.com

Credit Card Charge Authorization **(Please Print)**

I, _____,
(Print cardholder's name as printed on the credit card)

authorize Carnes Funeral Home to charge my Credit Card / Debit

Card in the amount of \$ _____ for the funeral
services/cremation services for _____
(name of deceased)

Type of card: (check one)

- Visa
 MasterCard
 American Express
 Discover

Number on Credit Card: _____

Expiration Date: _____

Address to where the Debit/Credit Card statement is received (on file) monthly:

(street number, name, and apt/ste. # or P.O. Box #)

(city, state, zip code)

Phone Number: _____

E-mail for Receipt: _____

X _____
(cardholders signature)