



Capital Mortuary Services, License #2424
201 Victor Street | Austin, Texas 78753-3136
O: 512.373.8467 | F: 512.960.4234
E: info@cmsatx.com
www.cmsatx.com

CREMATION AUTHORIZATION AND DISPOSITION FORM
CASE # \_\_\_\_\_

NOTICE: THIS IS A LEGAL DOCUMENT THAT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.

I (We), the undersigned (hereinafter referred to as the "Authorizing Agent(s)"), hereby authorize and request Capital Mortuary Services, in accordance with and subject to its rules and regulations, and the State of Texas laws or regulations, to cremate the human remains of \_\_\_\_\_ (the "decedent") and to arrange for the final disposition of the cremated remains, as set forth on this authorization form.

IDENTIFICATION

Table with identification fields: Name of Decedent, Date of Death, Time of Death, Age, Sex, Weight.

I (We) have identified the human remains as the decedent, and have authorized the delivery of the decedent to Capital Mortuary Services for cremation.

\*\*Initials of Authorizing Agent(s): \_\_\_\_\_

OR: I (We) have chosen to waive the right of identification and assume full responsibility on behalf of such waiver.

\*\*Initials of Authorizing Agent(s): \_\_\_\_\_

WITNESSING OF CREMATION

Are there any people who wish to witness the cremation? [ ] YES - [ ] NO

If yes, please provide their names: \_\_\_\_\_

TIME OF CREMATION

Capital Mortuary Services is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. [ ] YES [ ] NO

If not, please complete the next line.

The cremation shall take place on \_\_\_\_\_ (day) \_\_\_\_\_ (date), at \_\_\_\_\_ am | pm

\*\*Initials of Authorizing Agent(s): \_\_\_\_\_

PACEMAKERS, PROSTHESES, RADIOACTIVE IMPLANTS

I (We) declare that to my (our) knowledge the deceased [ ] DOES [ ] DOES 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.

If present, I (We) have instructed the funeral home to remove or arrange for the removal of the devices and to dispose of them prior to transporting the decedent to the Crematory Establishment.

\*\*Initials of Authorizing Agent(s): \_\_\_\_\_

MERCHANDISE

Type of casket or container selected: \_\_\_\_\_

THERE WILL BE NO ITEMS OF VALUE TO ACCOMPANY DECEDENT TO THE CREMATORY.

\*\*Initials of Authorizing Agent(s): \_\_\_\_\_

FINAL DISPOSITION

The Authorizing Agent(s) assumes responsibility for the disposition of the cremated remains; and the crematory establishment may: release to the Authorizing Agent(s), in person, the cremated remains of the deceased person; ship the cremated remains to the



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Authorizing Agent(s) if the Agent(s) authorizes shipment and provides a shipping address on the authorization form; or dispose of the cremated remains in accordance with this chapter not earlier than the 121<sup>st</sup> day following the date of cremation if the cremated remains have not been claimed by the Authorizing Agent(s)

1. Name of funeral establishment authorized to receive the cremated remains \_\_\_\_\_  
 3. Ship via U.S. Mail (Registered Return Receipt Required)  YES  NO

**\*\*Initials of Authorizing Agent(s):** \_\_\_\_\_

**If mailing, provide address:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please indicate the permanent final disposition of the cremated remains, if known: \_\_\_\_\_

**ADDITIONAL SERVICES REQUESTED - CHARGES WILL APPLY**

- Finger Prints  Lock of Hair  DNA Swab  Pacemaker Removal

**\*\*Initials of Authorizing Agent(s):** \_\_\_\_\_

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I/We hereby agree to indemnify, defend, and hold harmless Capital Mortuary Services, its 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 decedent or the human remains transmitted to Capital Mortuary Services, 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 harmful or explosive implants, claims brought by any other person(s), claiming the right to control the disposition for the decedent or the decedent's cremated remains, or any other action performed by Capital Mortuary Services, its officers, agents, or employees pursuant to the authorization, excepting only acts of willful negligence.

**\*\*Initials of Authorizing Agent(s):** \_\_\_\_\_

**SIGNATURE OF AUTHORIZING AGENT(S)**

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The Authorizing Agent(s) has/have the right to authorize the cremation of the deceased person and is not aware of any person with a superior or equal priority right; or if another person has an equal priority right to authorize cremation, the authorizing agent(s): 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 the funeral establishment and the crematory establishment for any liability arising from performing the cremation without the person's authorization, and authorize the crematory establishment to cremate the human remains.

By executing the Cremation Authorization Form, as Authorizing Agent(s), the undersigned states that all representations and statements contained on this form are true and accurate, that these statements were made to contract with Capital Mortuary Services to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>Signature</b>		<b>Signature</b>	
<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Phone</b>		<b>Phone</b>	
<b>Relation</b>		<b>Relation</b>	



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<b>Address</b>		<b>Address</b>	
<b>Phone</b>		<b>Phone</b>	
<b>Relation</b>		<b>Relation</b>	

**REPRESENTATIONS OF FUNERAL DIRECTOR**

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That no member of our funeral home 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 Capital Mortuary Services 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 deceased.
4. That our funeral home obtained all necessary permits authorizing the cremation of the decedent and that those permits are attached.
5. That the representations contained above concerning a pacemaker and any other material or implants that may be potentially hazardous are true.

**Signature of Funeral Director** as Witness for Signature(s) of Authorizing Agent(s)

Name of Funeral Home and Address \_\_\_\_\_

**If this form is NOT signed in the presence of a Funeral Director, it MUST be signed in front of a Notary Public.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**Signature of Authorizing Agent**

State of Texas  
 County of Travis

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date), by \_\_\_\_\_ (name), who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

**Signature of Notary Public**

Printed Name \_\_\_\_\_  
 My commission expires \_\_\_\_\_