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CREMATION AUTHORIZATION FORM

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

[1] I, the undersigned, certify, warrant and represent that I have the full legal right and authority to authorize the cremation of the remains of [ ] (hereinafter referred to as the "Deceased") and that: [check only one of the following]

- I am not aware of any person with a superior or equal priority right to authorize the cremation of the remains of the Deceased.
I have made all reasonable efforts, but have failed, to contact the person with a superior or equal priority right to authorize the cremation of the Deceased. I believe such other person would not object to the cremation of the Deceased and I AGREE TO INDEMNIFY AND HOLD HARMLESS CARRILLO FUNERAL DIRECTORS, INC., d/b/a LOVELIFE CREMATION CENTER AND ITS OFFICERS, DIRECTORS, SHAREHOLDERS, AFFILIATES, AGENTS AND EMPLOYEES, SUCCESSORS AND ASSIGNS FOR ANY LIABILITY ARISING FROM PERFORMING THE CREMATION WITHOUT SUCH PERSON'S AUTHORIZATION.

[2] My relationship to the Deceased is as follows: [ ]

[3] The time and date of death of the Deceased is as follows: [ ]

[4] I authorize Carrillo Funeral Directors, Inc., d/b/a Lovelife Cremation Center, located at 2301 Ephriham Avenue, Fort Worth, Texas 76164 to take possession of and make arrangements for the cremation of the remains of the Deceased.

[5] I understand that pacemakers and/or any type of implanted mechanical or radioactive devices may damage the cremation chamber or create a hazard when placed in a cremation chamber. No human remains which contain pacemakers and/or any type of implanted mechanical or radioactive device(s) will be cremated.

[6] To my knowledge, the human remains of the Deceased do [ ] do not [ ] [check applicable blank] 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. In the event the human remains of the Deceased contain such a device(s), I hereby authorize Lovelife Cremation Center, and its agents and employees to remove any such mechanical device(s) from the human remains of the Deceased prior to cremation and dispose of such items at its discretion. I understand that failure on my part to notify Lovelife Cremation Center of such pacemaker or any material or implant could result in damage to crematory workers and equipment and I will be held liable for such damage.

[7] I understand that it is the policy of Lovelife Cremation Center to require the remains of the Deceased to be placed in a cremation container, which is a casket or other container designed to transport a deceased human body and for placement in a cremation chamber during cremation. If the Deceased is not in a cremation container when it reaches the Lovelife Cremation Center, then a cremation container will be furnished and charged to the authorizing agent. When a casket is used, Lovelife Cremation Center is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the container prior to cremation. In the event the remains of the Deceased are received by the Lovelife Cremation Center in a casket or other container made of non-combustible material, I authorize the remains of the deceased to be removed prior to cremation and placed in a combustible container. I further authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems appropriate.

[8] The following are items of value delivered to Lovelife Cremation Center along with the human remains of the Deceased: [ ]

I direct Lovelife Cremation Center to handle such items of value as follows: [ ]

[9] The manner of permanent disposition of the cremated remains of the Deceased is as follows: [complete if known, otherwise leave blank] [ ]

[10] I understand and hereby receive notice that I assume responsibility for the permanent disposition of the cremated remains of the Deceased and that I desire and authorize Lovelife Cremation Center to do the following:

- Release the cremated remains of the Deceased to me, in person, as the authorizing agent.
Return the cremated remains of the Deceased to the funeral home that delivered the human remains of the Deceased to Lovelife Cremation Center.
Ship the cremated remains of the Deceased to me by a method with an internal tracking system that provides a receipt signed by the person accepting delivery to the following shipping address: [ ]. Unless an urn or container suitable for shipment is provided, the cremated remains of the Deceased will be placed in a container made of plastic and covered with cardboard, which is destructible and I hereby release Lovelife Cremation Center from any liability for any damages that might occur during shipment.

[11] I authorize Lovelife Cremation Center to dispose of the cremated remains of the Deceased in accordance with Chapter 716 of the Texas Health and Safety Code not earlier than the 121st day following the date of cremation if the cremated remains have not been claimed by me.

[12] I have [ ] have not [ ] [check appropriate blank] arranged for a viewing of the Deceased or service with the Deceased present before cremation. The date and time of the viewing or service is as follows: [ ]

[12] I understand that certain items, including, but not limited to, body prostheses, dentures, dental fillings, jewelry, and other personal articles accompanying the remains of the deceased may be destroyed during the cremation process. I further authorize that if any items, other than the cremated remains of the Deceased, are removed from the cremation chamber, they may be separated from the cremated remains of the deceased and disposed of by Lovelife Cremation Center.

[13] I AGREE TO INDEMNIFY, RELEASE AND HOLD CARRILLO FUNERAL DIRECTORS, INC., d/b/a LOVELIFE CREMATION CENTER, ITS DIRECTORS, OFFICERS, AFFILIATES, AGENTS, EMPLOYEES AND ASSIGNS, HARMLESS FROM ANY AND ALL LOSS, DAMAGES, LIABILITY OR CAUSES OF ACTION (INCLUDING ATTORNEY'S FEES AND EXPENSES OF LITIGATION) IN CONNECTION WITH THE CREMATION AND DISPOSITION OF THE CREMATED REMAINS OF THE DECEASED, AS AUTHORIZED HEREIN, OR MY FAILURE TO CORRECTLY IDENTIFY THE REMAINS OF THE DECEASED, DISCLOSE THE PRESENCE OF ANY IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE(S), OR TAKE POSSESSION OF, OR MAKE PERMANENT ARRANGEMENTS FOR, THE DISPOSITION OF SUCH REMAINS.

All representations and statements made herein are true and correct and I represent that I have read and understand the provision contained in this document.

SIGNATURE OF AUTHORIZING AGENT:

Signature Signature Signature
Printed name Printed name Printed name
Date Signed: Date Signed: Date Signed:

ACKNOWLEDGMENT

THE STATE OF §
COUNTY OF §

The foregoing instrument was acknowledged before me on this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by

NOTARY PUBLIC, STATE OF \_\_\_\_\_