



CREMATION INSTRUCTIONS

Name of Deceased _____

Residence _____

Date of Death _____ Time of Death _____

List VALUABLES to be cremated with remains _____

Witness Cremation YES NO If YES, Date: _____ Time: _____

Has Funeral Home scheduled the Witness Cremation with Metro Mortuary and Crematory? YES NO

Funeral Home Representative who scheduled Witness Cremation _____

Metro Mortuary Representative who scheduled Witness Cremation _____

Type of Cremation Container _____

Special Instructions _____

PACEMAKER YES NO Removed prior to delivery to crematory YES NO By _____

Cremated Remains to be picked up or delivered to Funeral Home _____

FUNERAL DIRECTORS SIGNATURE _____

Funeral Home _____ Phone # _____

Funeral Home Address _____

CREMATION RECORD

Name of Deceased _____ ID Disk # _____

Date of Cremation: _____ Start Time _____

Cremation Process Started by: _____

Certified Crematory Operator Signature: _____

METRO MORTUARY & CREMATORY SERVICE

Sachse, Texas

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS IS A LEGAL DOCUMENT. PLEASE READ ALL INFORMATION CAREFULLY BEFORE SIGNING. THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT CREMATION. CREMATION IS AN IRREVERSIBLE AND FINAL ACT.

NAME OF DECEASED _____ ID DISC # _____

AGE _____ DATE OF DEATH _____ TIME OF DEATH _____

FUNERAL HOME _____

F.D. SIGNATURE _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____

I/We, the undersigned, certify, warrant, and represent that I/we have the full legal right and know of no living person who has a superior priority under state law to authorize the cremation, processing, and disposition of the remains of

_____ (Hereafter referred to as the deceased).

If another person has an equal priority right to authorize cremation, the authorizing agent 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. _____ (Initial)

I/We, hereby request and authorize _____ funeral home to take possession of and make arrangements for the cremation of the deceased at *Metro Crematory, Sachse, Texas*.

Manner of **permanent disposition** of cremated remains if known _____

List any **valuables** to include jewelry, personal effects, etc. that are being delivered to the crematory with the deceased and instructions for handling of said valuables.

Please specify whether the authorizing agent has arranged for a viewing of the deceased or service with the deceased present before cremation and the date and time of the viewing and service.

PACEMAKER may create a hazard when placed in a cremation chamber. The crematory will not cremate any human remains which contains any type of implanted mechanical or radioactive device. In the event the remains of the deceased contain such a device I/We hereby authorize the funeral home, its agent and employees to remove any such device from the deceased prior to cremation and dispose of such device at its discretion. I/We understand that failure on my part (authorization agent) to notify the funeral home and/or crematory of such device could result in damage to crematory workers and equipment in which the authorizing agent(s) will be held liable.

THE DECEASED DOES _____, DOES NOT _____ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. (Please Initial One)

SHIPMENT OF CREMATED REMAINS:

The authorizing Agent(s) request that delivery of the cremated remains of the above named deceased be specified in the manner shown below.

_____ Return To Funeral Home

_____ Release to Authorizing Agent in Person at Metro Crematory

(Name of Deceased)

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_____ Forward to Authorizing Agent(s) or to someone designated by the authorizing agent(s).

Register-Mail To: _____

Address: _____

The Authorizing Agent(s) agrees to assume all liability for any damages arising from said delivery via U.S. Registered Mail and agrees to indemnify and hold harmless Metro Crematory, Inc., the above-listed funeral home, including employees, from all claims related to the said shipment.

Urn requirement: _____ Decorative _____ Temporary Urn

Container Requirement _____ Cremation Casket/Rental Casket _____ Alternative Container _____

Metro Mortuary and Crematory shall perform the cremation, procession, and disposition of the remains of the deceased authorized herein per all governing laws, rules, regulations, and policies of the crematory and funeral home.

When a casket is used, the crematory is authorized to remove and dispose of handles, ornaments, and any non-combustible material. I/We authorize the remains of the deceased to be removed prior to cremation and placed in a combustible container. I/We further authorize the crematory to dispose of any non-combustible casket or hardware in any lawful manner it deems appropriate.

Certain items, including but not limited to body prostheses, dentures, dental bridgework, dental filling, jewelry, and other personal articles accompanying the deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the deceased, are recovered from the cremation chamber, they may be separated from the deceased's cremated remains and disposed of by the Metro Crematory.

The cremation container containing the deceased will be placed in the cremation chamber and completely and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize Metro Crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased to facilitate a complete and thorough cremation.

I/We hereby authorize Metro Crematory to separate and remove from the cremation chamber all non-combustible materials, including but not limited to, hinges, latches, nails, jewelry and precious metals and to dispose of such material.

Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments will be mechanically pulverized to an unidentifiable consistency prior to placing in an urn or other container.

Metro Crematory or the above listed funeral home can in accordance with the law not earlier than the 121st day following the cremation dispose of the cremated remains if the cremated remains have not been claimed by the Authorizing Agent or their designees.

I/W understand and acknowledge the even the exercise of reasonable care and the crematory's best effort, it is not possible to recover all particles of the cremated remains of the deceased and that some particles may inadvertently become commingled with the particles of other cremated remains remaining in the cremation chamber and/or device utilized to process the cremated remains. I/We hereby authorize the crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

I/We agree to indemnify, release and hold Metro Cremator the above listed funeral home, their affiliates, agents, employees, assigns and officers harmless from any and all loss, damages, liability, or and cause 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 o radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements mad herein are true and correct and that I have read and understand the provisions contained in this documents.

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

WITNESS _____ RELATIONSHIP _____ DATE _____

23020-01

IDENTIFICATION RESPONSIBILITIES OF AUTHORIZING AGENT

Acknowledgement of Identification Viewing / Waiver of Right of Identification

Name of Deceased _____ Date of Death _____

☐

Acknowledgement of Identification Viewing

I, the undersigned Authorizing Agent, do hereby acknowledge that it is my desire to view the remains of the above named deceased person for purposes of identification only. I have read the release provided below and I understand and agree to its terms.

☐

Acknowledgement of Waiver of Right of Identification

I, the undersigned Authorizing Agent do hereby waive my right of identification of the above named deceased person. I decline to view the remains of the deceased and acknowledge that the Funeral Director and/or Funeral Establishment will rely on the institution where death occurred for identification of said remains.

Release to View the Un-embalmed Body for Identification Viewing

The undersigned has been advised by a responsible person affiliated with the funeral establishment that the remains of the above named decedent have not been embalmed or restored and that viewing of the remains under these circumstances may cause emotional distress and possible mental anguish. The Funeral Director, who has signed below, has advised the undersigned that such a viewing may create certain risks, among which are the risk of spread of infectious or communicable diseases to the undersigned or to others, the risk of emotional distress caused by seeing the deceased's remains in their present condition, and the risk that delay in performing the embalming or other preparation of the body, if this preparation is desired, may impair or prevent the funeral establishment's staff the opportunity to adequately embalm, restore or otherwise prepare the body.

The undersigned acknowledges that viewing the remains may require the funeral director to permit the undersigned access to parts of the funeral establishment not accessible to the general public. As part of the ordinary course of business of said establishment, certain equipment and chemical are used, with which the public would ordinarily have no contact, but which may be toxic or hazardous. The viewing of the deceased in the fashion may cause the undersigned to come in contact with these hazards.

The undersigned agrees to assume responsibility concerning these risks and does hereby agree to indemnify and hold harmless the Funeral Director and the Funeral Establishment listed below as well as its officers, employees and agents, from any and all cost, liability, loss or injury, be it physical or emotional, including attorney's fees, resulting from the undersigned's decision to assume these risks and view the deceased.

☐ Private ID Viewing – DESIRED

☐ NO Private ID Viewing – DECLINED

Time / Date of Viewing _____

Comments / Location - _____

Signature of Authorizing Agent

Signature of Funeral Director & License #

Printed Name of Authorizing Agent & Relationship

Printed Name of Funeral Director

Date of Acknowledgement

Date of Acknowledgement