



**Cremation Authorization Form Time:** \_\_\_\_\_

1. Identity of the decedent: \_\_\_\_\_
2. Date and time of death, as indicated on the attached attending physician, medical examiner, or coroner's certificate of death: \_\_\_\_\_
3. Name and address of funeral director contracted to provide for cremation:  
\_\_\_\_\_, 6025 82nd Street, Lubbock, TX 79424
4. Name, address, and telephone number of person authorizing cremation (authorizing agent):  
\_\_\_\_\_  
\_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (telephone no.)
5. Authorizing agent's relationship<sup>i</sup> with decedent:  
\_\_\_\_\_
6. The Authorizing agent represents that (select one option):  
  
\_\_\_\_ the authorizing agent has the right to authorize the cremation of the decedent and is not aware of any person with a superior or equal priority right; or  
  
\_\_\_\_ the authorizing agent has made all reasonable efforts but failed to contact any person with equal priority right and believes the person or people with such right would not object to the cremation and the authorizing agent will indemnify and hold harmless Lake Ridge Chapel and Memorial Designers and its employees or agents for any liability arising from performing the cremation without the person's authorization.
7. The authorizing agent hereby authorizes Lake Ridge Chapel and Memorial Designers to cremate the remains of the decedent. To that end, the authorizing agent authorizes Lake Ridge Chapel and Memorial Designers to take possession of and make arrangements for the cremation of the remains of the decedent and to carry out the process of cremation of the remains of the decedent in accordance with the provisions of Chapter 716 of the TEXAS HEALTH & SAFETY CODE.

8. The authorizing agent declares that, to his or her knowledge, the decedent's remains \_\_\_ do 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. The following is a list of all such materials, if any:

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9. The authorizing agent declares that, to his or her knowledge, the decedent G did or H did not have an infectious, contagious or communicable disease or a disease declared by the Dept. of Health and Environmental Control to be dangerous to the public. The following is a list of all such conditions, if any:

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10. The authorizing agent authorizes the following person or entity to receive the cremated remains from Lake Ridge Chapel and Memorial Designers:

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11. If known by the authorizing agent, the following is the manner of permanent disposition of the cremated remains:

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12. The following is a list of all items of value delivered to Lake Ridge Chapel and Memorial Designers along with the remains of the decedent:

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Lake Ridge Chapel and Memorial Designers is hereby authorized to deliver said items to \_\_\_\_\_, who will pick-up said items, during normal business hours, from Lake Ridge Chapel and Memorial Designers within fourteen (14) days of the date of this document. If the authorizing agent fails to the pick-up of said items within fourteen (14) days, the Crematory Authority is authorized to dispose of said items at its discretion.

13. The Agent of the Deceased further authorizes and instructs the Crematory Authority to properly dispose of any items, other than the remains of the deceased, including but not limited to, body prostheses, dentures, dental bridgework and dental fillings that are recovered from the cremation chamber.

14. The authorizing agent G has or H has not arranged for a viewing of the remains of the deceased or services with the remains of the deceased present before cremation.

15. If the authorizing agent intends to have a viewing of the remains of the deceased or services with the remains of the deceased present before cremation, it will be at the following time on the following date:

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at the following location:

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16. The cremation process shall be handled in the following manner:

- a) Lake Ridge Chapel and Memorial Designers shall separate and remove from the cremation chamber all non-combustible materials, including but not limited to, hinges, latches, nails, jewelry, and precious metal and the Crematory shall dispose of such materials as provided by law and/or as instructed herein.
- b) Lake Ridge Chapel and Memorial Designers is hereby authorized to transfer, handle, or dispose of the Deceased cremated remains follows:

\_\_\_\_\_

\_\_\_\_\_

- c) If, at the end of one hundred twenty (120) days after cremation, the person designated in paragraph 10, above, has not picked-up the cremated remains from Lake Ridge Chapel and Memorial Designers, Lake Ridge Chapel and Memorial Designers may dispose of the cremated remains in a manner provided by law.

By signing the Cremation Authorization Form, and in exchange for the funeral services provided by Lake Ridge Chapel and Memorial Designers, I, as agent for the deceased,<sup>1</sup> agree that Lake Ridge Chapel and Memorial Designers and their respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains and I agree to indemnify Lake Ridge Chapel and Memorial Designers and their respective agents, employees, and assigns from any claims, whatsoever, asserted by any person or entity, arising out of or in any way connected with the cremation and handling of the remains of the Deceased in a manner not inconsistent with this authorization.

The authorizing agent hereby attests to the accuracy of all representations contained on this cremation authorization form and represents that he or she has the right to authorize the cremation.

The authorizing agent represents that he or she has read and understands the provisions contained in this document and any other information provided to him or her concerning the cremation process.

(signed name of authorizing agent)	Date	Time
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Witnessed by:

(signed name of witness)	Date	Time
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<sup>1</sup> Must be (1) a person designated in a written instrument signed by the decedent, (2) the decedent's surviving spouse, (3) any one of the decedent's surviving adult children, (4) either one of the decedent's surviving parents, (5) any one of the decedent's surviving adult siblings, (5) any one or more of the duly qualified executor's administrators of the decedent's estate, or (7) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.

\_\_\_\_\_

The authorization must be notarized if the authorizing agent(s) isn't in the presence of a Lake Ridge Chapel and Memorial Designers funeral director or team member.

**Acknowledgement**

BEFORE ME, the undersigned notary, on \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_, a person whose identity is known to me,

who acknowledge that he/she executed the same for the purpose therein contained.

\_\_\_\_\_

Notary Public, State of \_\_\_\_\_