

*Haven't you lost enough already...  
...finally, an affordable funeral home.*

*Dignified & Affordable  
Funeral Services*

*Serving All Churches  
& Cemeteries*



**281-933-9090**

*Cremation*

*Graveside Services*

*Traditional Funerals*

*Compare Our Prices  
On Line*

*13501 Alief-Clodine • www.BeresfordFunerals.com*

## Direct Cremation Plan

- Services of Funeral Director and Staff
- Transfer of Remains to Our Facility
- Refrigeration
- Cremation Container - *See Reverse Side for Options*
- Crematory Fee
- Basic Temporary Urn
- Website Obituary

### *Additional Options Available*

\$150: I.D. Viewing (of unembalmed remains)

\$395: Coordination and direction of Memorial Service in our Chapel

\$595: Coordination and direction of Memorial Service at another facility

\$125 and up: Our urn selection begins at \$125. Wide selection.

\$595: Coordination and direction of Graveside Service at local cemetery  
for interment of ashes (does not include cemetery fees)



Metal



Wood



Ceramic



Eco-Friendly



Stone



Glass



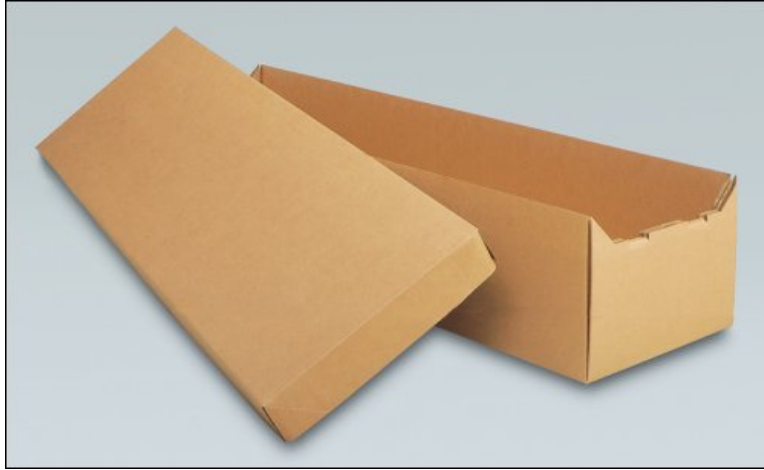
Simulated



Keepsake Jewelry

## ***DIRECT CREMATION***

With Basic Cremation Container (\$100 Cardboard box) **\$1,595**



With \$400 Simplicity Cremation Container **\$1,895**



With \$700 Simplicity Plus Cremation Container **\$2,195**





*13501 Alief Clodine Road  
Houston, Texas 77082  
(281) 933-9090*

## *Instructions for Direct Cremation forms*

- 1) Inform the personnel caring for your loved one that you have chosen Beresford Funeral Home and give them our contact information. Our phones are answered 24 hours a day, 7 days a week.
- 2) List of documents found in this PDF file and instructions:
  - a. General Price List- For your records. Note on page 4: \$1,595 - Direct Cremation with basic cremation container provided by our funeral home (a container is needed for the cremation process).
  - b. Acknowledgement of receipt of our Price List. Please sign and date this form as we will need it for our records.
  - c. Information Worksheet – Complete as much as possible. Please make all reasonable efforts to obtain any information you do not know or are not sure of. This is information used to fill out the death certificate.
  - d. Authorization to Embalm - You will be REFUSING authorization as embalming is not necessary for this process. *(If you wish to have a funeral service in addition to the cremation, embalming would need to be authorized. If that is the case, more information will be needed and you should call us to make those arrangements rather than use this online tool.)* Please sign at the bottom of the form where indicated to refuse embalming.
  - e. Cremation Authorization – Please read the document carefully and completely, as it is a legal document. Fill out and sign in all appropriate areas.
- 3) Please provide a copy of your valid driver's license or ID Card with your current address.
- 4) Fax all forms (except the General Price List) including a photo-copy of your driver's license or ID to (281) 933-9094. OR email them to [info@BeresfordFunerals.com](mailto:info@BeresfordFunerals.com).
- 5) Once we receive all the necessary documents from you, we will send you a statement of funeral goods and services. Please sign this document and fax or email it to us with your payment information. Please include how many certified copies of the death certificate you wish to order.



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## **GENERAL PRICE LIST**

These prices are effective as of February 1, 2015, but are subject to change without notice.

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the goods and services you selected.

### **A. SERVICES OF FUNERAL DIRECTOR AND STAFF:**

**BASIC SERVICES OF FUNERAL DIRECTOR AND STAFF:**

**\$1,495.**

This fee for our basic services will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving of remains.)

- Personnel available 24 hours a day, 365 days a year to respond to initial call
- Arrangement interview and coordination of service plans
- General clerical administration and accounting
- Securing and recording death certificate and disposition permit, as necessary
- Coordination of service plans with cemetery, crematory, and/or other parties involved in the final disposition

**B. PREPARATION OF REMAINS:**

- EMBALMING: \$895.  
Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.
  
- OTHER PREPARATION:
- Additional care of embalmed or unembalmed remains \$100.
- Dressing, casketing and/or cosmetizing of deceased \$150.
- Special autopsy / organ donation care \$150.
- Refrigeration (For up to 10 days; It is the policy of our firm to require refrigeration of unembalmed remains after 24 hours) \$395.
- Refrigeration (Per day after 10 days) \$100.
- Hairdresser \$75.

**C. USE OF FUNERAL HOME FACILITIES AND ADDITIONAL SERVICES OF FUNERAL DIRECTOR AND STAFF:**

- Coordination and direction of visitation in our Chapel or a facility other than our funeral home (per day) \$345.
- Coordination and direction of visitation in our Chapel or other facility (same day, up to 2 hours prior to service) \$150.
- ID Viewing of embalmed or unembalmed remains \$150.
- Coordination and direction of funeral ceremony or memorial service in our Chapel or at a facility other than our funeral home \$395.
- Coordination and direction of graveside services at place of final disposition. This charge does not include equipment used at place of final disposition. Such equipment is not provided by our funeral home. \$395.
- Additional charge for evening funeral ceremony, memorial service, rosary, or prayer service at our funeral home or other facility \$100.
- Additional charge for holiday service \$500.
- Procurement of international documents \$500.

**D. TRANSPORTATION**

- Transfer of remains to funeral home \$395.
- Limousine (maximum 3 hours: \$100 per additional hour) \$445.
- Funeral Coach (hearse) \$395.
- Funeral Coach (suburban) \$200.
- Service Vehicle (flowers etc.) \$100.
- Transfer to or from airport \$100.
- Transfer to or from Medical Examiner \$195.

Transportation distances greater than 50 miles one way will be subject to a charge of \$2.00 per total mile.

**E. MERCHANDISE AND OTHER SERVICES**

- Caskets \$695. to \$10,000.  
(A complete list will be provided at the funeral home.)
- Outer Burial Containers \$995. to \$4195.  
(A complete list will be provided at the funeral home.)
- Memorial Book \$50.
- Acknowledgment Cards (25 per box) \$10.
- Crucifix \$15-40.
- Crematory Fee \$225.
- Memorial Folders (per 100, minimum 100) \$50.
- Prayer Cards (per 100, minimum 100) \$50.
- Disaster Pouch \$100.
- Flag Case \$90. to \$275.

Note: All cash advance items (including but not limited to: certified copies of death certificate, newspaper notices, honorariums, funeral escorts, etc.) paid by credit card or debit card are subject to an additional 6% fee to cover card processing fees. This fee does not apply for cash advance items paid by check or cash. You may use a verifiable, assignable insurance policy to secure payment for services and merchandise only for a administrative fee of 6% of the total claimed. We cannot accept an insurance assignment for cases where the Medical Examiner or Justice of the Peace must certify the medical portion of the death certificate. Full Payment is required as services are provided.

**F. OTHER SERVICES**

- **FORWARDING OF REMAINS TO ANOTHER FUNERAL HOME:** \$2,285.  
 This charge includes transfer of remains to funeral home within 50 miles of our funeral home, basic services of funeral director and staff, embalming, and transfer to airport within 50 miles of our funeral home.
- **RECEIVING REMAINS FROM ANOTHER FUNERAL HOME:** \$1,300.  
 This charge includes transfer from airport within 50 miles of our funeral home and basic services of funeral director and staff only.
- **DIRECT CREMATION:** \$1,495. to \$6,245.  
 Our charges for a direct cremation include transfer of remains to funeral home within 50 miles of our funeral home, basic services of funeral director and staff, refrigeration, crematory fee and transfer to or from crematory within 50 miles of our funeral home.

If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The alternative container we offer is a basic cremation container constructed of a plywood base/cardboard top container. The crematory used by our funeral home disallows the use of alternative containers made of non-rigid materials.

  1. Direct cremation with container provided by purchaser. \$1,495.
  2. Direct cremation with basic cremation container provided by our funeral home. \$1,595.
  3. Direct cremation with Simplicity cremation container. \$1,895.
  4. Direct cremation with Simplicity Plus cremation container. \$2,195.
  5. Direct cremation with cremation casket selected from our funeral home. \$2,490. to \$6,245.
- **IMMEDIATE BURIALS:** \$1,700. to \$11,700.  
 Our charges for immediate burial include transfer of remains to funeral home within 50 miles of our funeral home, basic services of funeral director and staff, refrigeration, coordination and direction of immediate burial, and transportation to cemetery within 50 miles of our funeral home.

  1. Immediate burial with container provided by purchaser \$1700.
  2. Immediate burial with casket selected from our funeral home \$2395. to \$11700.



13501 ALIEF CLODINE ROAD  
HOUSTON, TEXAS 77082  
**(281) 933-9090**

## ACKNOWLEDGEMENT OF RECEIPT OF RETAIL PRICE LIST OF FUNERAL SERVICES AND FUNERAL MERCHANDISE

The undersigned hereby acknowledges that prior to the execution of the FUNERAL SERVICE ORDER providing for the funeral services of \_\_\_\_\_, by BERESFORD FUNERAL SERVICE of Houston, Texas, the undersigned was furnished a list of the cost of the funeral services and funeral merchandise offered by the funeral home, a copy of which the undersigned retained.

print name of  
deceased ----->

sign here ----->

\_\_\_\_\_  
PURCHASER

\_\_\_\_\_  
DATE

<----- Date here





13501 ALIEF CLODINE ROAD
HOUSTON, TEXAS 77082
(281) 933-9090

RESPONSIBLE PARTY

NAME
RELATIONSHIP TO DECEASED
MAILING ADDRESS
(NO P.O. BOX Please)
CITY STATE ZIP
HOME PHONE ( ) - WORK PHONE ( ) -
CELL PHONE ( ) - FAX ( ) -
PREFERRED EMAIL ADDRESS

INFORMATION ABOUT THE DECEASED NEEDED TO FILE THE DEATH CERTIFICATE

FULL LEGAL NAME
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

MAIDEN NAME (IF FEMALE)

ADDRESS CITY

STATE/ZIP COUNTY INSIDE CITY LIMIT? YES NO

DATE OF DEATH DATE OF BIRTH

AGE BIRTH PLACE (CITY) (STATE)

SSN - - RACE HISPANIC? (circle one) YES: / NO (Specify Hispanic Origin)

USA VETERAN? YES or NO ARMY / NAVY / AIR FORCE / MARINES / COAST GUARD

HIGHEST LEVEL OF EDUCATION COMPLETED

MARITAL STATUS AT TIME OF DEATH (circle one) married · never married · widowed · divorced

SURVIVING SPOUSE'S NAME (Full Name Prior To 1st Marriage)

OCCUPATION MOST OF WORKING LIFE TYPE OF BUSINESS / INDUSTRY

FATHER'S FULL NAME FIRST MIDDLE LAST

MOTHER'S FULL NAME (Including Maiden) FIRST MIDDLE MAIDEN

PLACE OF DEATH CITY/STATE/ZIP COUNTY

HOSPITAL / STREET ADDRESS

INSIDE CITY LIMITS? YES NO IF NO, PCT # TIME OF DEATH AM / PM DR / JP / ME PHONE #

IF MED. EXAMINER, WHICH COUNTY & CASE #

## AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment Beresford Funeral Service

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 in the possession of the Licensed Embalmer at the time of the procedure.**

<p>If Authorization for embalming is oral, complete the following:</p> <p>Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.</p> <p>Authorization to embalm received from _____</p> <p>Relationship to Deceased _____</p> <p>Time _____ a.m. or p.m.    Date _____</p> <p>Received by _____</p>
---

*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

Indicate name of deceased ----->

<----- Indicate Date of Death

DO NOT SIGN HERE ----->

Sign and date here to REFUSE permission ->

## **Guidelines and Explanations for filling out the “AUTHORIZATION FOR CREMATION AND DISPOSITION”**

Page 1:

Paragraph 1:

- Print the name of the deceased.
- Print the date of death (if known).
- Print the time of death (if known)

Paragraph 2:

- If you would like us to place the cremated remains in a container or containers other than the temporary urn provided, please indicate your specific instructions in the space provided.
- Please indicate how you would like us to arrange for the disposition of the cremated remains once we have them in our possession.

*There is an additional charge for any type of disposition other than “Release to Family”.*

Page 2:

**VISUAL IDENTIFICATION ACKNOWLEDGEMENT**

- You will only fill out and sign this section if you choose to physically view the deceased at the funeral home prior to cremation. *There is an additional charge for this option.*

**CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING**

- Fill out Part II of this section if you decline to make identification through actual viewing of the remains, and sign where indicated.

**WITNESSING, SERVICES & TIMING**

- Check the appropriate box (yes or no) if you would like to witness the initial cremation process, and list the names of those witnessing. *There is an additional charge for this option.*

Page 3:

- Indicate whether or not the deceased's remains contain any type of implanted mechanical or radioactive device (such as a pacemaker). If present, please describe and indicate your preference of disposition of said device (such as, disposal by the crematory).
- If there are any items of value that are to be delivered to the crematory along with the remains, you must describe them in the blank provided.

Page 4:

**AUTHORIZATION**

- Please check what best describes your relationship to the deceased.

**SIGNATURE(S) OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

- Please sign to authorize cremation and to confirm that you have read the document in its entirety and have received and retained a copy of the Cremation Facts Booklet.

Reverse of Page 4:

**TEXAS HEALTH & SAFETY CODE: § 711.002. Disposition of Remains: Duty to Inter**

- For your information and records.

Final page:

**CREMATION FACTS BOOKLET**

- For your information and records.

# AUTHORIZATION FOR CREMATION AND DISPOSITION

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

**#1** ¶ I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority, and unless noted otherwise by a signed and sworn statement attached to this authorization, know of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of \_\_\_\_\_, (hereinafter referred to as the "Deceased".) Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ am / pm. I/We hereby request and authorize \_\_\_\_\_ Beresford Funeral Service \_\_\_\_\_ Funeral Home, located at (address) \_\_\_\_\_ 13501 Alief Clodine Road \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Houston, Texas 77082 \_\_\_\_\_ (hereby referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at **CHAPEL OF THE PINES CREMATORY, 503 FM 1942, Crosby, Texas 77532** (hereinafter referred to as to the "Crematory"), and I/we give the Crematory the authority to cremate the remains of the Deceased.

**#2** ¶ I/We understand that I/we are responsible for the disposition of the cremated remains and hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

-----> Is special handling requested? \_\_\_\_\_ Yes \_\_\_\_\_ No Describe: \_\_\_\_\_  
Description of urn or container selected: \_\_\_\_\_ Suitable for Shipping: \_\_\_\_\_ Yes \_\_\_\_\_ No

-----> \_\_\_\_\_ Deliver to (Name & Address of Cemetery) \_\_\_\_\_  
**One of these** \_\_\_\_\_ Release to Family (Name of Designated Family Member to Receive Cremated Remains) \_\_\_\_\_  
\_\_\_\_\_ Scattering at Sea by Funeral Home or Funeral Home's Agent  
-----> \_\_\_\_\_ Ship Via **U.S. REGISTERED MAIL\*** To: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Other: \_\_\_\_\_

\*Funeral Home and **Chapel Of The Pines Crematory** are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the United States Postal Service.

**VISUAL IDENTIFICATION ACKNOWLEDGMENT**

Name of Funeral Home Beresford Funeral Service The undersigned, having viewed the remains, does hereby identify the same as the body of \_\_\_\_\_ . Ample time has been given the undersigned to assure proper identification prior to the execution of this document and by signing same, the undersigned acknowledges that there is no doubt or question about

**This section** -----> this identification. The undersigned assumes all liability for incorrect identification and does hereby agree to indemnify, defend and hold **Chapel Of The Pines Crematory**, the Funeral Home identified above and its officers, agents and employees, harmless from any

**OR** and all claims, damages, liabilities and costs (including reasonable attorney’s fees) which may arise if this identification is inaccurate.

**Part II below** Signed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING**

**Part I: To be completed by Funeral Home representative whenever there is no visual identification.**

Reason Visual Identification Not Performed \_\_\_\_\_

Describe Alternative Methods used to confirm identification (photographs, scars, tattoos, name tag) \_\_\_\_\_

**Part II of** Name of Funeral Home representative confirming confirmation \_\_\_\_\_

**This section** Signature of Funeral Home representative \_\_\_\_\_

-----> **Part II: To be completed by Next-of-kin or other legally authorized person making arrangements.**

I, \_\_\_\_\_, having declined to make identification through actual viewing of the remains of \_\_\_\_\_, hereby agree to indemnify and hold **Chapel Of The Pines Crematory** agents, employees, successors and assigns harmless from any and all claims, liability, damages, losses or causes of action (including attorneys’ fees and expense of litigation) brought by any person firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Answer this question** ----->

**WITNESSING, SERVICES & TIMING**

\_\_\_\_\_ Yes \_\_\_\_\_ No CHECK THE APPROPRIATE BOX AND PROVIDE THE REQUESTED INFORMATION

Some crematories may allow witnessing of the initial cremation process. If witnessing is available, do you want to witness the initial cremation of Deceased? If yes, list the time and date of cremation \_\_\_\_\_ am / pm on \_\_\_\_\_, 20\_\_\_\_. Witnessing the cremation process may be inappropriate for some people. You hold the Crematory and/or Funeral Home harmless from damages resulting from witnessing the cremation process. List the name(s) of those witnessing \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The cremation process and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials. I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home and Crematory to make disposition of any such noncombustible container in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain 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 agents and employees, to remove any such devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion.

-----> I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED \_\_\_\_ DO \_\_\_\_ DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices with the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated.

Description of Implanted Device	Disposition
Description of Implanted Device	Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the crematory chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, denture, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of 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 cremated remains of the Deceased and disposed of by the Crematory.
5. The following items of value are to be delivered to the Crematory and handled as follows \_\_\_\_\_

Optional  
----->

6. I/We authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
7. Following the cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
8. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
9. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
10. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become co-mingled with particles of other cremated remains remaining in the cremation chamber and/or other devices 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 necessary.
11. Unless I/We give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
12. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
13. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
14. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliated, agents or employees.
15. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process. I/We acknowledge receiving, from the Funeral Home, a copy of the booklet entitled "Cremation Facts" containing additional explanatory information about the cremation process.

**AUTHORIZATION:**

I/We state, represent and warrant that I am / We are: (CHECK ONLY ONE)

\_\_\_\_ Acting on the instructions of the Deceased who authorized his or her own cremation in advance pursuant to Texas Health & Safety Code 711.002(g) (1) (see reverse). The preneed authorization must be attached.

\_\_\_\_ The person designated in a written instrument signed by the Deceased pursuant to Texas Health & Safety Code § 711.002(a)(1) (see reverse). The written instrument must be attached.

\_\_\_\_ The surviving spouse of Deceased at the time of death pursuant to Texas Health & Safety Code § 711.002(a)(2) (see reverse).

\_\_\_\_ The Deceased's surviving adult child(ren) pursuant to Texas Health & Safety Code § 711.002(a)(3) (see reverse).

\_\_\_\_ I am/We are the Deceased's only surviving adult child(ren); or

\_\_\_\_ I have made all reasonable efforts but failed to contact the Deceased's other surviving adult child(ren) and I/We believe that h/she/they would not object to the cremation. List the name(s) of those you made reasonable efforts to contact below.

\_\_\_\_ The Deceased surviving parent(s) pursuant to Texas Health & Safety Code § 711.002(a)(4) (see reverse).

\_\_\_\_ I am/We are the Deceased's only surviving parent(s); or

\_\_\_\_ I have made all reasonable efforts but have failed to contact the Deceased's other surviving parent and I believe that he/she would not object to the cremation. List the name(s) of those you made reasonable efforts to contact below.

\_\_\_\_ The Deceased's surviving adult sibling(s) pursuant to Texas Health & Safety Code § 711.002(a)(5) (see reverse).

\_\_\_\_ I am/We are the Deceased's only surviving adult sibling(s); or

\_\_\_\_ I have made all reasonable efforts but failed to contact the Deceased's other surviving adult sibling(s) and I/We believe that he/she/they would not object to the cremation. List the name(s) of those you made reasonable effort to contact below.

\_\_\_\_ The adult person(s) in the next degree of kinship in the order named by law to inherit the estate of the Deceased pursuant to Texas Health & Safety Code § 711.002(a)(6) (see reverse). Relationship to Deceased:

\_\_\_\_ I am/We are the only person(s) in the next degree of kinship in order named by law to inherit the estate of the Deceased; or

\_\_\_\_ I have made all reasonable efforts but failed to contact the person(s) in the next degree of kinship in the order named by law to inherit the estate of the Deceased and I/We believe that he/she/they would not object to the cremation. List the names(s) of those you made reasonable efforts to contact below.

If required above, list the names(s) of those you made reasonable efforts to contact: - \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

**I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document, and that I/We have received the booklet entitled "Cremation Facts."**

----->Signature: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

----->Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

----->This Cremation Authorization was executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Funeral Home Representative: \_\_\_\_\_ Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_ F.H. Phone: (\_\_\_\_\_) \_\_\_\_\_ 933-9090 \_\_\_\_\_ Date Signed: \_\_\_\_\_, 20\_\_\_\_\_

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**(REVERSE OF PAGE 4)**

**PLEASE NOTE:  
CHAPEL OF THE PINES CREMATORY STRICTLY ADHERES TO THE  
GUIDELINES SET FORTH IN TEXAS VERNONS CODE.  
NO EXCEPTIONS WILL BE GRANTED OR ALLOWED.**

**TEXAS HEALTH & SAFETY CODE: § 711.002. Disposition of Remains: Duty to Inter**

(a) Unless a decedent has left direction in writing for the disposition of the Decedent's remains as provided in Subsection (g), the following persons, in the priority listed, have the right to control the disposition, including cremation, of the Decedent's remains, shall inter the remains, and are liable for the reasonable cost of interment.

- (1) The 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; or
  - (6) Any adult person in the next degree of kinship in the order named by law to inherit the estate of the Decedent.
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# CREMATION FACTS BOOKLET

The following information is furnished to enable you to more fully understand some of the terminology and procedures involved in the cremation process:

**CREMATION** - the irreversible process of reducing human remains to bone fragments through extreme heat and evaporation.

**CREMATED REMAINS** - the bone fragments remaining after the cremation process. (Technically, these fragments are not "ashes.")

**CREMATION CHAMBER** - the mechanical device used to perform the actual cremation process.

**CREMATION CONTAINER - THE CONTAINER REQUIRED TO TRANSPORT THE HUMAN REMAINS TO THE CREMATORY.** It could be the casket used at the funeral or a special rigid, leak resistant, combustible box designed for cremation. The cremation container will be destroyed during the cremation process.

**INURNMENT** - (1) placing the cremated remains in an urn or other container in preparation for final disposition; (2) placing the urn/container in its final resting place.

**PULVERIZATION PROCESS** - the reduction of the cremated remains to an unidentifiable consistency to facilitate inurnment and/or to make the cremated remains acceptable for scattering. Depending on the pulverization device used, very small bone fragments may or may not remain after processing.

Depending on local laws, there may be a waiting period of up to 48 hours from the time of death before the human remains may be cremated.

Before cremation, mechanical devices such as pacemakers must be removed because they may explode during the cremation process, causing extensive damage both to the integrity of the human remains and to the cremation chamber.

To begin the cremation process, the human remains and the cremation container are placed in the cremation chamber. Open flames raise the temperature to 1600 – 2000 degrees Fahrenheit for a period of approximately two to three hours. The time varies with each human remains.

When the cremation is performed in a chamber which utilizes a secondary after-burner chamber, the partially cremated remains are moved into this secondary chamber for completion of the cremation process. In cremation chambers without a secondary chamber, the partially cremated remains may be repositioned to facilitate completion of the cremation process.

To reposition the human remains or to remove the cremated remains from the cremation chamber, a broad hoe-like instrument is used. Every effort is made by the operator to completely remove every particle from the chamber floor. However, tiny particles may remain in the cremation chamber and become co-mingled with particles of another cremation.

Occasionally, excess body fluids escape from the cremation chamber during processing, fluids which otherwise would have evaporated during the cremation process. These body fluids would not have become part of the cremated remains had they remained in the the cremation chamber.

After the cremation process is complete, the cremated remains are removed from the cremation chamber and placed in a tray for cooling. They are then processed to their final reduced consistency. The processed cremated remains are placed into an urn or some other type of container, according to the wishes of the family. Most cremated remains weigh between 4 to 8 pounds, depending on the bone structure of the human remains.

Metal objects, such as jewelry and dental gold, may break down into small pieces during the cremation process. These small pieces, along with larger pieces of metal (e.g. hinges, screws and prostheses), may be removed from the remains using a magnet or some other means, then disposed of according to local laws and company policy.

The family chooses the final disposition of the cremated remains. Pending this decision, your funeral professional will hold the cremated remains for a very limited, specified time. The family may select inurnment in a permanent location such as a mausoleum/columbarium niche, cemetery plot (many cemeteries allow urns to be buried in the same plot as a previously-interred casket or other urn), or other special location of the family's choosing. Alternatively, the remains may be scattered in a cemetery scattering garden, at sea, or in some other location, so long as it is in accordance with local laws. However, the decision to scatter should be chosen carefully in that it is irreversible.

Any further questions regarding the cremation process should be addressed to the funeral professional who assisted you in making these arrangements.

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