

**IDENTIFICATION OF DECEASED  
PRIOR TO CREMATION**

NAME OF DECEASED \_\_\_\_\_

**Part I: VISUAL IDENTIFICATION BY FUNERAL HOME REPRESENTATIVE**

Reason visual identification not performed \_\_\_\_\_

Describe alternative methods used to confirm identification (E.G. PHOTOGRAPHS, SCARS, TATTOOS)  
\_\_\_\_\_

Name of individual providing information \_\_\_\_\_

Signature of Funeral Home Representative confirming identification \_\_\_\_\_

I, \_\_\_\_\_, HAVING DECLINED TO MAKE IDENTIFICATION THROUGH ACTUAL VIEWING OF THE REMAINS OF \_\_\_\_\_, HEREBY AGREE TO INDEMNIFY AND HOLD BLUEBONNET CREMATION SERVICES, LLC. AND \_\_\_\_\_ AND ITS OFFICERS, DIRECTORS, SHAREHOLDERS, AFFILIATES, AGENTS, EMPLOYEES, SUCCESSORS AND ASSIGNS HARMLESS FROM ANY AND ALL CLAIMS, LIABILITIES, DAMAGES, LOSSES, SUITS OR CAUSES OF ACTION (INCLUDING ATTORNEYS' FEES AND EXPENSES 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 OF AUTHORIZED PERSON (S)

\_\_\_\_\_  
RELATION TO DECEASED

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE SIGNED

**Part II: VISUAL IDENTIFICATION ACKNOWLEDGEMENT**

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.

THE UNDERSIGNED ASSUMES ALL LIABILITY FOR INCORRECT IDENTIFICATION AND DOES HEREBY AGREE TO IDEMNIFY, DEFEND AND HOLD BLUEBONNET CREMATION SERVICES, LLC., AND \_\_\_\_\_ (Funeral Home), INCLUDING THEIR AGENTS AND EMPLOYEES, HARMLESS FROM ANY AND ALL CLAIMS, DAMAGES, LIABILITIES AND COSTS (INCLUDING REASONABLE ATTORNEY'S FEES) WHICH MAY ARISE IF THIS IDENTIFICATION IS INACCURATE.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON (S)

\_\_\_\_\_  
RELATION TO DECEASED

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE SIGNED

## RECEIPT ACKNOWLEDGING ACCEPTANCE OF REMAINS

**Fax this sheet to 817-507-3401, when deceased is ready for pick up. Acknowledge if holding for cremation; by checking storage. If picking up from ME, include release letter signed by family and make sure ME has released body to funeral home. Once you have all cremation paperwork and ready to cremate, refax this sheet and note: date deceased ready to cremate.)**

**All Blanks should be completed.**

NAME OF DECEASED \_\_\_\_\_

ACCEPTING REMAINS FOR STORAGE \_\_\_\_ OR \_\_\_\_ CREMATION

**COUNTY**

FUNERAL HOME \_\_\_\_\_

PU / DELIVERY DATE \_\_\_\_\_ TIME \_\_\_\_\_

**YES \_\_\_\_ / NO \_\_\_\_**

WHERE IS BODY TO BE PICKED UP FROM \_\_\_\_\_

DECEASED READY TO CREMATE DATE \_\_\_\_\_

TYPE OF CREMATION CONTAINER \_\_\_\_\_

**INFANT COUNTY**

CREMATORY REPRESENTATIVE \_\_\_\_\_

RADIOACTIVE DEVICES \_\_\_\_\_ REMOVED? \_\_\_\_\_

**YES \_\_\_\_ / NO \_\_\_\_**

PROSTHESIS \_\_\_\_\_ REMOVED? \_\_\_\_\_

**IF YES WHAT AGE \_\_\_\_**

REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

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## CREMATION INSTRUCTIONS

LIST VALUABLES TO BE CREMATED WITH BODY \_\_\_\_\_

WITNESS CREMATION (YES OR NO ) IF YES, DATE \_\_\_\_\_ TIME \_\_\_\_\_

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## RECEIPT FOR RELEASE OF CREMATED REMAINS

RETURNED: DATE \_\_\_\_\_ TIME \_\_\_\_\_ NAME OF FUNERAL HOME \_\_\_\_\_

PERSON RECEIVING REMAINS \_\_\_\_\_ CREMATORY REPRESENTATIVE \_\_\_\_\_



### AUTHORIZATION FOR CREMATION AND DISPOSITION

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

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority to authorize the cremation, processing and disposition of the remains of \_\_\_\_\_, Date of Death \_\_\_\_\_ (hereinafter referred to as the "Deceased").

I/We hereby request and authorize

Funeral Home: \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Hereinafter referred to as the "Funeral Home") to take possession and make arrangements for the cremation of the remains of the Deceased at Bluebonnet Cremation Services, LLC.

(Hereinafter referred to as the "Crematory").

I/We authorize Crematory to:

\_\_\_\_\_ Return the cremated remains of the Deceased to the possession and custody of the Funeral Home.

\_\_\_\_\_ Mail by Certified Mail to:

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

City, State: \_\_\_\_\_

The cremation, processing 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:

- The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a leak resistant bag (if the body is unembalmed). In the event The remains of the Deceased are received by the Crematory in a casket or other container constructed of noncombustible material, I/We authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket or container in any lawful manner it deems appropriate.
- Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers) 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 mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. **I/WE 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 which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

Device: \_\_\_\_\_ Disposition: \_\_\_\_\_

Device: \_\_\_\_\_ Disposition: \_\_\_\_\_

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

- The cremation container containing the remains of the Deceased will be placed in the cremation 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.
- Certain items, including, but not limited to, body prostheses, dentures, 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.
- I/We hereby 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.
- Following 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.
- Unless an urn is purchased, the Crematory will place the cremated remains of the Deceased in a container which is designed for any type of shipment.
- In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and disposed of with the primary container in the method authorized above.
- 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 commingled with particles of other cremated remains remaining in the cremation chamber and/or devices utilized to process the cremated remains. I/We authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
- Unless I/We give specific written instructions in the 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.
- In the event of 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.
- 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 cause 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.
- Except as set forth in the Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents, or employees.

### SIGNATURE OF PERSON (S) AUTHORIZING CREMATION & DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provision contained in this document.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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