



Frontier Cremations, LLC
4435 Frontier Trail, 512.443.1366

CREMATION AUTHORIZATION AND DISPOSITION FORM

CASE NO. \_\_\_\_\_

NOTICE: THIS IS A LEGAL DOCUMENT THAT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.

AUTHORITY OF AUTHORIZING AGENT

I (We), the undersigned, hereby certify that I (we) are the closest living next of kin of the decedent and that I (we) are related to the decedent as his/her \_\_\_\_\_ to the decedent, that I (we) have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the State of Texas, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent.

I (We), the undersigned (hereinafter referred to as the "Authorizing Agent(s)"), hereby authorize and request Frontier Cremations LLC, in accordance with and subject to its rules and regulations, and the State of Texas laws or regulations, to cremate the human remains of \_\_\_\_\_ the "decedent" and to arrange for the final disposition of the cremated remains as set forth on this authorization form.

IDENTIFICATION

Form with fields: Name Decedent, Date of Death, Time of Death, Age, Sex, Home Address of Decedent, Place of Death.

DELIVERY AUTHORIZATION

I (we) have authorized the delivery of the decedent to Frontier Cremations, LLC, for cremation and plan to identify the human remains by viewing a photograph of the deceased electronically in a secure environment and acknowledging the identification as the name of the decedent on the cremation authorization form.

\*Initials of Authorizing Agent(s): \_\_\_\_\_

I (we) have chosen to waive the right of identification and assume full responsibility on behalf of such waiver.

\*Initials of Authorizing Agent(s): \_\_\_\_\_

PRE-NEED CREMATION ARRANGEMENTS

Did the Decedent provide written directions to be cremated in a prepaid funeral contract? [ ]Yes [ ]No

Did the Decedent leave a will with written directions to be cremated? [ ]Yes [ ]No

Did the Decedent provide written directions to be cremated in a written instrument signed and acknowledged by the Decedent other than a prepaid funeral contract or will? [ ]Yes [ ]No

AUTHORIZATION OF MINIMAL PREPARATION, VIEWING, DIGITAL IDENTIFICATION

The undersigned represents that he/she is the Authorizing agent of the deceased and hereby authorizes the funeral home to prepare the deceased's body for viewing prior to its burial or cremation. Such preparation includes setting of the features

(i.e. closing the eyes and mouth), and other necessary procedures to make the body presentable to viewing. It does not include embalming. The undersigned acknowledges that the purpose of this preparation is to improve the appearance of the deceased before viewing.

The undersigned acknowledges that the Funeral Home recommends that this preparation be done, but that it is not required by law or funeral home policy and is completely optional. If the undersigned below elects not to authorize such preparation he/she may do so by signing in the appropriate space below. The undersigned also acknowledges that he/she has been provided with the opportunity to ask any questions he/she may have concerning this procedure, to enable the undersigned to make an informed decision. I hereby consent to the preparation described above.

I (we) have authorized the delivery of the decedent to Frontier Cremations, LLC, for cremation, and plan to identify the human remains by viewing a photograph of the deceased electronically in a secure environment and acknowledging the identification as the name of the decedent on the cremation authorization form.

\*Initials of Authorizing Agent(s): \_\_\_\_\_

**DECLINATION PREPARATION, VIEWING, DIGITAL IDENTIFICATION**

I hereby decline the viewing of the deceased. The undersigned does hereby release and forever discharge the funeral home, and each officer, director, agent, and representative thereof, of and from any and all claims arising out of or resulting from the election of the undersigned to not view the body of the deceased, including without limitation, any and all claims for damages or other relief for any injury loss sustained by the undersigned as a result of such election.

I (we) have chosen to waive the right of identification/viewing and assume full responsibility on behalf of such waiver.

\*Initials of Authorizing Agent(s): \_\_\_\_\_

**VIEWING OR SERVICE**

Have arrangements been made by the Authorizing agent(s) for a viewing of the decedent or a service before cremation? If yes, please give the date and time of the viewing or service.

Yes No Date: \_\_\_\_\_ Time: \_\_\_\_\_ (To be determined later)

**WITNESSING CREMATION**

Are there any people who wish to witness the cremation? If yes, please provide their names.

Yes No \_\_\_\_\_

**PACEMAKER/OTHER MATERIALS/IMPLANTS**

I (We) the undersigned have been notified that Frontier Cremations, LLC shall not cremate human remains when it has actual knowledge that the human remains contain a pacemaker, has been subjected to nuclear therapy, or contain other implants that may present a hazard to those performing the cremation and pulverizing and processing of the cremated remains. I further represent that these human remains DO DO NOT contain any materials or implants that may be potentially hazardous to equipment. In the event that the remains contain these items, I authorize the removal by the funeral director from the funeral home.

\*Initials of Authorizing Agent(s) \_\_\_\_\_

**WE CANNOT GUARANTEE THE RETURN OF PERSONAL ITEMS LEFT ON A DECEDENT. ALL PERSONAL PROPERTY (JEWELRY, CLOTHING, ETC.) THAT IS NOT TO BE CREMATED MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO FRONTIER CREMATIONS, LLC. PERSONAL PROPERTY LEFT ON THE BODY WILL BE DESTROYED DURING THE CREMATION PROCESS. List any items of value delivered to the crematory with the deceased and include instructions on handling of items:**

\_\_\_\_\_

## FINAL DISPOSITION

- The cremation process simply reduces the decedent's body to cremated remains or bone fragments. The urn or container containing the cremated remains will be returned to you or the individual, cemetery, or funeral establishment designated on the Cremation Authorization Form. If known list the permanent disposition of the cremated remains (ex: scatter, inurnment, burial, keep at home, or unknown).
- Frontier Cremations, LLC strongly suggests that you consult your funeral professional for the many options available for final disposition.

Following the cremation and processing of the cremated remains, the Crematory will arrange for the return of the cremated remains. **If the Authorizing agent(s) chooses to ship cremated remains or release to a designated person,** the Authorizing agent(s) hereby authorizes Frontier Cremations, LLC to release, deliver, transport, or ship the cremated remains as specified. The Authorizing agent(s) is responsible for the disposition of the cremated remains and no remains will be accepted without instructions for disposition. In accordance with, 2003 HB 587, Chapter 716, Subchapter B, Sec 716.052, Article 11, b-1&2 if cremated remains not claimed by the 121st day following the date of cremation, then Frontier Cremations, LLC will arrange for the final disposition or dispose of the cremated remains in any manner permitted by law. Such disposition may include commingling with other cremated remains, and thereafter the cremated remains of the decedent will not be recoverable. **Check one of the following:**

### 1. DELIVER TO:

Name of Individual to receive cremated remains: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_

### 2. SHIP TO:

Name of Individual to receive cremated remains: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_

The cremation, processing, and disposition of the Decedent authorized herein shall be performed in accordance with the governing laws, rules, regulations, and policies of the Crematory and Funeral Establishment, and the following terms and conditions.

## SIGNATURE OF AUTHORIZING AGENT(S)

*This is a legal document and contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.*

As the Authorizing agent(s). I (We) hereby agree to indemnify, defend, and hold harmless Frontier Cremations, LLC, its officers, agents, and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including the failure to properly identify the decedent or the human remains transmitted to Frontier Cremations, LLC, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by Frontier Cremations, LLC, its officers, agents, or employees pursuant to this authorization, excepting only acts of willful negligence.

By executing this Cremation Authorization Form, as Authorizing agent(s), the undersigned states that all representations and statements contained on this form are true and correct, that these statements were made to contract with Frontier Cremations, LLC to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

**Agent 1:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Agent 2:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Agent 3:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Agent 4:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

TO BE COMPLETED BY FUNERAL DIRECTOR

**REPRESENTATIONS OF FUNERAL DIRECTOR**

By executing this authorization form as a licensed funeral director and agent/employee of the funeral home indicated above, I warrant to the best of my knowledge the following:

1. Our funeral home was responsible for making arrangements with the Authorizing agent(s) for cremation of the decedent and I have reviewed this authorization form with the Authorizing agent(s).
2. No member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing agent(s), are incorrect.
3. The human remains delivered to Frontier Cremations, LLC and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.
4. Our funeral home obtained all necessary permits authorizing the cremation of the decedent and those permits are attached.
5. The representations contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
6. The representations contained above concerning a pacemaker and any other material or implants that may be potentially hazardous are true.

Type of casket or container selected: \_\_\_\_\_

Size and type of urn or container selected: \_\_\_\_\_

Signature of Funeral Director as Witness for Signature(s) of Authorizing agent(s) present \_\_\_\_\_

*Name and Address of Funeral Home: Angel Funeral Home 8708 S. Congress Ave. B-270 Austin, Texas 78745*