

“I Want Cremation for Myself” Authorization

Please complete this document so that your wish for cremation will be on file with Harrell Funeral Home. We will send you a confirmation acknowledgement upon receipt of your cremation preferences. If you have any questions, please contact us at 512.710.1932.

CREMATION FORM

Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Email Address: _____ Phone: _____

Preferred Method of Contact: ___ Phone ___ Email ___ Mail

My Cremation Preference:

- ___ I want cremation with a Traditional Service
- ___ I want cremation with a Memorial Service
- ___ I want cremation with a Celebration of Life Service
- ___ I want cremation with a Family Goodbye Gathering
- ___ I want cremation only (with no gathering)

___ By denoting a preference above, I acknowledge that it is my expressed wish that I be cremated upon my death, as well as have all additional requests I have made on this form honored.

Other stated desires regarding cremation and services:

Please sign your name and date below as a form of your authorization.

Name Signature: _____ Date: _____

*It is unlawful to sign on behalf of another person.
Doing so can render one subject to legal prosecution for falsifying legal documents.*