

**Fish Family Cremation Services**  
**2620 S. Congress Ave., Austin, TX 78704**  
**(512) 442-1446**

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.**

I (We), the undersigned (hereinafter referred to as the "Authorizing Agent(s)"), hereby authorize and request Fish Family Cremation Services, 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**

Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Death: \_\_\_\_\_

I (We) have identified the human remains as the decedent, and have authorized the delivery of the decedent to Fish Family Cremation Services, for cremation.

**\*\*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 arrange for his/her own cremation on a pre-need basis? Yes  No

Did the decedent leave a will with written instructions to be cremated? Yes  No

Did the decedent execute a pre-need cremation contract? Yes  No

Did the decedent execute a pre-need cremation authorization form? Yes  No

Did the decedent leave oral or written instructions to be cremated? Yes  No

If yes, with whom \_\_\_\_\_

Did the decedent arrange for final disposition of the cremated remains? Yes  No

If yes, please describe \_\_\_\_\_

*(Attach copies of all appropriate documents)*

**TIME OF CREMATION**

Fish Family Cremation Services is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

Yes  No

If no, please complete the next line

The cremation shall take place on \_\_\_\_\_ (day) \_\_\_\_\_ (date), at \_\_\_\_\_ am/pm.

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

**WITNESSING**

Are there any people who wish to witness the cremation? Yes  No

If yes, please provide their names \_\_\_\_\_

**PACEMAKERS, PROSTHESES, RADIOACTIVE IMPLANTS AND INFECTIOUS DISEASES**

Was the decedent treated with radioactive implant therapy? Yes  No

Does the decedent have a pacemaker? Yes  No

Does the decedent have any other implants? Yes  No

Does the decedent have an infectious or contagious disease? Yes  No

I (We) have instructed the funeral home to remove or arrange for the removal of the devices and to properly dispose of them prior to transporting the decedent to the Crematory Establishment.

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

**MERCHANDISE**

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

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

**ITEMS TO ACCOMPANY DECEDENT TO THE CREMATORY**

Clothing, jewelry, etc. \_\_\_\_\_

**FINAL DISPOSITION**

After the cremation has taken place and the processed cremated remains placed in the designated receptacle, Fish Family Cremation Services will arrange for the disposition of the cremated remains as instructed by the Authorizing Agent(s). The Authorizing Agent(s) hereby authorize Fish Family Cremation Services to release, deliver, transport, or ship the cremated remains as specified below. Check one of the following:

- 1. \_\_\_\_\_ Return to Funeral Establishment
- 2. \_\_\_\_\_ Release to Authorizing Agents
- 3. \_\_\_\_\_ Ship via U S Mail (Registered)
- 4. \_\_\_\_\_ Other

If mailing, provide address:

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

City, State, Zip \_\_\_\_\_

Please indicate the permanent final disposition of the cremated remains: \_\_\_\_\_

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless Fish Family Cremation Services, 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 any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to Fish Family Cremation Services, 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 Fish Family Cremation Services, its officers, agents, or employees pursuant to this authorization, excepting only acts of willful negligence.

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

**SIGNATURE OF AUTHORIZING AGENT(S)**

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

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 Fish Family Cremation Services to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_  
 \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Decedent

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_  
 \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Decedent

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_  
 \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Decedent

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_  
 \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Decedent

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**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. That our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this authorization form with the Authorizing Agent(s).
2. That 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. That the human remains delivered to Fish Family Cremation Services 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. That our funeral home obtained all necessary permits authorizing the cremation of the decedent and that those permits are attached.
5. That the representations contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
6. That the representations contained above concerning a pacemaker and any other material or implants that may be potentially hazardous are true.

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

\_\_\_\_\_  
Name and Address of Funeral Home