

Instructions for completing Cremation Forms for *North Texas Funerals and Cremations*

Form 1: **Vital Statistical Information for Texas Death Certificate**

Please complete entire form.

Form 2: **Authorization/Refusal to Embalm at Funeral Establishment or Other Location**
Sign by the “x” in the **center** of the page if to be embalmed or at the **bottom** of the form to **refuse** embalming.

Form 3: **Authorizations of Disclosure Agreement**

Read and sign by “x” at the bottom

Form 4: **Proviso**

Read and sign by the “x” at the bottom

Form 5: **Crematory Authorization** (2 page form)

Page 1: Write deceased name at top in space provided.

Initial whether deceased has a pacemaker or not. (center of page)

Page 2 - The legal next of kin (see legal next of kin below) sign by “x” at the top of the page. (Have signature notarized) (Place for notary signature in middle of page) If you can't have this page notarized, you must fax a copy of your driver's license.

Initial option #3 to waive ID viewing

Form 6: **Free Death Notice for Dallas Morning News or Fort Worth Star-Telegram**

(Dallas/Ft. Worth Metroplex Residents Only)

If you would like a free death notice published, complete the form and sign.

*Please indicate in which paper you want the notice to be published.

If you don't want the notice published, write “Declined” across form.

****NOTE**** Regarding the **Fort Worth Star-Telegram**: *if the deceased did not live in the Star-Telegram Circulation Area in the last five (5) years then the notice will not be free.*
A charge would then apply.

Form 7: **How Did You Hear About Us?**

Indicate how you found out about “*North Texas Funerals and Cremations*” then sign by “x” in the middle of the form.

Form 8: **North Texas Funerals and Cremations – Statement of Funeral Goods & Services (contract)** **Note***(This form will be sent to you AFTER we receive your paperwork)

Sign at the X on the bottom right hand side of form.

***Legal Next-of-Kin** (1) **Spouse** is required to sign the Crematory Authorization form as the legal next of kin. If there is no spouse the legal next of kin who is closest in blood lineage to the deceased is required to sign: (2) **adult and/or minor children**, (3) **parents**, (4) **all siblings**, etc.
(If unsure who that should be, please call for clarification)

Please FAX all completed forms to 214-941-2700. Please call with your credit card information. Your receipt will be with the certified copies of the death certificate.

*******Please note*******

The cremation cannot take place until payment for these services has been rendered.

Please call **972-522-7887** if you have questions.

Vital Statistical Information for Texas Death Certificate

Please Print Legibly

***Note: Please use legal names not nicknames**

Date of Death: _____ Social Security Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____ Maiden Name: _____

Gender: Male _____ Female _____

Date of Birth: _____ Age: _____

Birthplace: State/Country _____ City _____

Marital Status: Widowed _____ Divorced _____ Never Married _____ Married _____

Surviving Spouse: First _____ Middle _____ Last _____ Maiden _____

Deceased Address: _____ Apt. # _____ City: _____

State: _____ Zip: _____ Ext. _____ County: _____ Inside City Limits: Yes ___ No ___

Father's Name: First _____ Middle _____ Last _____

Mother's Name: First _____ Middle _____ Maiden _____

Education: 8th grade or less _____ 9th – 12th (no diploma) _____

High School Graduate or GED _____ Some College (no degree) _____

Associate _____ Bachelor's _____ Master's _____ Doctorate _____ Trade _____

Usual Occupation: _____ Type of Industry: _____

Ever a Police Officer in Texas: Yes _____ No _____

Ever in Armed Forces: Yes _____ No _____ Which Branch: _____

Hispanic: Yes _____ No _____ Race: _____

Informants Name: First _____ Last _____

Informants Relationship to Deceased: _____

Informants Address: _____ Apt. #: _____ City: _____

State: _____ Zip: _____ Ext: _____ Phone #'s: H _____ C _____

Place of Death: _____

City: _____ Zip: _____ Ext.: _____ County: _____

*Certified copies of the Death Certificates are \$21 for the 1st copy and \$4 for each additional copy.

How many, if any, certified copies of the death certificate do you need? _____

**If you need the cremains of your loved one mailed to some other state or location, please indicate here by signing on this line _____, please give us the complete address where to send the cremains. There is a \$75.00 charge for mailing (registered mail, return receipt requested).

PLEASE FAX ALL COMPLETED FORMS TO 214-941-2700

AUTHORIZATION OR REFUSAL TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment: North Texas Funerals and Cremations

Name of Deceased _____ **Date of Death** _____
(For cremations see bottom of form)

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.

If Authorization for embalming is oral, complete the following:

Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.

Authorization to embalm received from _____

Relationship to Deceased _____

Time _____ a.m. or p.m. Date _____

Received by _____

If no authorization can be obtained, complete the following:

I hereby acknowledge that _____ has made a reasonable effort over a 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

****REFUSAL TO EMBALM** (Cremations)**

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.

X _____
Signature

Date

North Texas Funerals and Cremations

Authorizations of Disclosure Agreement

Deceased: _____ **Date of Death:** _____

You confirm that you have examined the service and merchandise items listed and found them to be correct and according to the arrangements selected. By signing this right you confirm that you are aware of your right to select only such services and merchandise as you desire and that you have the legal right to arrange the funeral/cremation services for the deceased named herein.

The Federal Trade Commission Trade Regulation Rule on "Funeral Industry Practices" requires certain disclosures and prohibits misrepresentations. The following is a checklist we ask those we serve to read and sign to verify that the funeral arrangement conference was conducted in compliance with the Rule. You who made the arrangements for the funeral and final disposition of the above-named decedent do hereby attest to the following:

*You **were** given a General Price List effective on 02/11/2010 prior to discussing funeral arrangements or the selection of any funeral goods or services.

*You **were** given a Casket Price List effective on 02/11/2010 prior to discussing caskets.

*You **were** given an Outer Burial Container Price List effective on 02/11/2010 prior to discussing burial containers.

*You **were** advised that the law does not require embalming except in certain special cases.

*You **were** advised that there is no law that requires a casket for direct cremation or that any container, other than an alternative container, is required for direct cremation.

*You **were** advised that the funeral home cost for the items may be different based on volume or cash discounts or other professional /trade customs where permitted by state or local law.

No claims were made to you as to the merchandise or services (embalming, casket, outer burial container) to the effect that embalming or the use of any merchandise available from us would delay the decomposition of the remains for a long term or indefinite time, or that any such merchandise would protect the body from gravesite substances. No representations or warranties were made to us about the protective features of caskets or outer burial containers other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties, if any, extended by the manufacturers of such goods. No other warranties were extended to you.

Indemnification Agreement

(For use of property not supplied by or purchased from the funeral director)

The undersigned hereby assume all liability arising out of the use of and funeral or burial merchandise or other products or the use of any motor vehicle supplied by or purchased from persons and/or firms other than **NORTH TEXAS FUNERALS AND CREMATIONS**. The undersigned do hereby agree to indemnify and hold said company, its officers, agents and employees and others who might be in privity with them, or to whom they might owe a duty, harmless from any and all claims, suits or causes of action, including attorney's fees for the defense thereof brought by any person, firm or corporation, or motor vehicles, or other chattel property used in connection with the funeral or alternate to it and final disposition of the body of the deceased named herein which has been supplied or purchased from a person and/or firm other than said funeral home.

Date Signed: _____

X

Signature of Funeral Purchaser

Relationship to Deceased

Funeral Home Representative

North Texas Funerals and Cremations

Proviso

(Name of Deceased)

(Date of Death)

Death Certificates

SECURING A DOCTOR'S SIGNATURE ON A DEATH CERTIFICATE TAKES A MINIMUM OF 7 TO 10 BUSINESS DAYS TO COMPLETE. You will be notified immediately when certified death certificates are available for you to pick up at the funeral home. Please note that if you request the certified death certificates to be mailed to you, we will not be responsible if they are lost in the mail. It is very important that correct Vital Statistic information is given during the arrangement conference. **TO ADD OR CORRECT INFORMATION ON THE DEATH CERTIFICATE WILL TAKE A MINIMUM OF 90 DAYS.** Additional fees are involved if a death certificate is incorrect and an amendment is required. We will not be held responsible for errors on the death certificate if incorrect or inadequate information is given during the initial arrangement conference.

The Cremation Process

A signed death certificate is required before other required documents for cremation are issued. The State of Texas has a 48 hour waiting period following death before the medical examiner will issue a cremation permit. Therefore, **A CREMATION TAKES A MINIMUM OF 7 TO 10 BUSINESS DAYS TO COMPLETE.**

Receipt of Cremated Remains

CREMATED REMAINS MUST BE PICKED UP BY THE NEXT OF KIN WITHIN 30 (THIRTY) DAYS following notification from a representative of our funeral home that the cremation has been performed and the cremated remains are in our possession. Due to limited storage space and liability involved, we have the right to dispose of said cremated remains after the 30 (thirty) day grace period.

Obituary Notices

As an extent of our services we will submit an obituary to any newspaper that you request. We do not charge for this service. **It is important that any Obituary you submit to us must be approved by you before it is placed for publication.** North Dallas Funeral Home will not be liable for mistakes made on any obituary notice submitted to papers on your behalf. Most Newspapers have a charge for obituary notices; therefore, obituaries must be secured by a credit card or check prior to publication.

****North Texas Funerals and Cremations Families: Please note that this service is not available.**

Personal Effects

Personal Effects may have been transferred to our funeral home with your loved one. If we are in possession of any personal effects we will return them to you if you wish.

Property Accepted: _____ Declined: _____

Date Signed: _____

X

(Signature of Next of Kin)

(Signature of Funeral Director)

NORTH TEXAS FUNERALS AND CREMATIONS ("The Crematory")
AUTHORIZATION FOR CREMATION & DISPOSITION

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I warrant that all representation and statements made herein are true and correct and that I have read and understand the provisions contained in this document. As authorizing agent, I have the right to authorize the cremation and am not aware of any person with a superior or equal priority right; or if another person has an equal priority right all reasonable efforts to contact that person has failed and believe that person would not object to cremation and I agree to indemnify and hold harmless the funeral home and the crematory for any liability arising from performing the cremation without that person's authorization.

SIGNATURE **X** RELATIONSHIP DATE
SIGNATURE RELATIONSHIP DATE
SIGNATURE RELATIONSHIP DATE
SIGNATURE RELATIONSHIP DATE

FUNERAL DIRECTOR: LICENSE #:

Items of value delivered to Crematory:

Instructions:

Notary Statement (The legal next-of-kin needs to sign this page (ONLY) before a notary)

Subscribed and sworn to before me, on the _____ day of _____ 20____.

Notary Public _____

State of _____, County of _____ My Commission Expires _____

Identification

As authorizing agent I acknowledge that I: (Initial)

(1) Viewed the deceased _____ Date: _____ Time: _____

(2) Viewed a picture of the deceased: _____

(3) Waived the right to identification: _____

DELEGATION OF CREMATION AUTHORIZATION AUTHORITY: I acknowledge that I am the authorizing agent and have the right to execute the cremation authorization. I hereby delegate my right to the following representative who will serve as the authorizing agent and execute the cremation authorization form.

Name of Deceased: _____

Name, Address, & Relationship to the deceased.

AUTHORITY TO CREMATE - JUSTICE OF THE PEACE

This form must be accompanied by authority to cremate, signed by proper relative or legal representative of the deceased together with cremation permit from the Bureau of Vital Statistics.

Name: _____ Address: _____

Date of Death: _____ Age: _____

Sending Funeral Home _____ Funeral Director: _____

I, _____, JUSTICE OF PEACE FOR PRECINCT NO. _____ COUNTY OF _____,

STATE OF _____, DO HEREBY CERTIFY THAT AN AUTOPSY (WAS PERFORMED) (NOT PERFORMED) ON THE DECEASED

BODY OF _____ WHOSE DEATH OCCURRED ON THE _____ DAY OF _____ 20____,

IN PRECINCT NO. _____, COUNTY OF _____, STATE OF _____, AND I FURTHER CERTIFY THAT

SAID BODY CAN BE LAWFULLY CREMATED. GIVEN UNDER MY HAND THIS _____ DAY OF _____ 20____,

PRECINCT NO. _____, COUNTY OF _____, STATE OF _____.

Signature

_____ delivered the cremated remains of _____ in a temporary container

To _____ Funeral Home on _____ 20____ at _____ am/pm

Crematory Representative Signature: _____

North Texas Funerals and Cremations

Free Death Notice

Dallas Morning News or Fort Worth Star-Telegram

(Dallas-Ft.Worth Metroplex residents only)

The Dallas Morning News and The Fort Worth Star Telegram offer a “Free Death Notice” as a service to the families for deceased individuals that were residents of the Dallas-Fort Worth metroplex. This death notice can only be published one time. These notices are based on available space, so the publication date cannot be guaranteed. Service dates and times are not permitted nor is a picture or funeral home logo. They have a format for this notice that has to be followed. Below is the information that they will allow:

****NOTE**** Regarding the Fort Worth Star-Telegram:

If the deceased did not live in the Star-Telegram Circulation Area in the last five (5) years then the notice will not be free.

A charge would then apply.

Name:

Last: _____

First: _____

Middle: _____

Age: _____

Date of Death: _____

City of Residence: _____

North Texas Funerals and Cremations 1-800-361-1220

Please complete and sign showing your approval to submit

X _____

***If you prefer not to submit a free death notice, please write declined across form.**

****If you choose YOU may submit a paid obituary to**

Dallas Morning News or Fort Worth Star-Telegram

obituaries@dallasnews.com

obits@star-telegram.com

North Texas Funerals and Cremations

Thank you for placing your trust in us.

Dear Friend,

Thank you for choosing our family to assist you at this difficult time. To assist us reaching people more effectively, would you please take a moment to complete this simple form? Your response will be used for **our internal purpose and will remain confidential**. Thank you for your assistance and time.

Kindest Regards,

John P. Brooks
President/CEO

How did you hear about us? (Please complete all that apply)

Newspaper _____ Radio _____ Television _____ Internet _____ (which search engine) _____

Friend _____ Name of Friend _____

Yellow Pages _____ Circle One - AT&T - Yellow Book - Verizon - Other (name) _____

Hospice _____ Name of Hospice _____

Church or Pastor _____ Name of church or pastor _____

Other (please specify) _____

Services we offer:

Video Tributes _____

My Funeral Director explained and offered the above service

X _____
Informant's Signature Funeral Director's Signature

Date _____ Date _____

E-Mail Addresses

Please give us your email address as well as the email addresses of family and friends so that we can place them on a list for our bereavement newsletter that goes out each month:

Your email _____

Family and Friends email addresses: _____

Name of Deceased _____

Informant's Relationship to Deceased _____

Phone Number of Informant _____