**Twinwood Mortuary Service \* 4801 Almeda Rd, Houston, TX 77004 \* 713-526-1234**  
**Cremation Authorization Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Deceased Date and Time of Death**

The undersigned certifies that the remains delivered for cremation are those of the deceased named herein and that they have the right to control the disposition of said remains and

\_\_\_ A. The authorizing agent is not aware of any person with a superior or equal priority right, **or**  
\_\_\_ B. If another person has an equal priority right to authorize cremation, and the authorizing agent has made all reasonable efforts but failed to contact that person, believes that person would not object to the cremation. The undersigned agrees to indemnify and hold harmless the funeral establishment and the crematory establishment for any liability arising from performing the cremation without that person’s authorization.  
The undersigned declares to their knowledge the human remains does not contain a pacemaker or any other material or implant that may potentially be hazardous or cause damage to the cremation chamber or the person performing the cremation. If said remains contains such a  
device, Twinwood Mortuary Service is authorized to remove and dispose of all such devices prior to cremation.

The permanent disposition of the cremated remains will be: (circle one)  
Scattering \* Burial \* Place in niche or mausoleum \* Retained by family \* Undecided

The following items of value are to be delivered to the crematory along with the human remains and have indicated if any are to be returned unscathed. It is the policy of the Company to cremate any and all items that are received with the human remains, unless otherwise indicated in the list below. 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **have** or **have not** (circle one) arranged for a viewing or service with the deceased present **BEFORE** cremation. The date and time of the viewing or service will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. No provision will be made for viewing at the crematory.

**Notice:** You, the authorizing agent of the above named deceased are responsible for the disposition of the cremated remains. The Company may release cremated remains to the authorizing agent, ship the cremated remains to the authorizing agent if the agent authorizes the shipment and provides a shipping address, or dispose of the cremated remains in accordance with Chapter 716 of the Health and Safety Code not earlier than the 121st day following the date of cremation if the cremated remains have not been claimed by the authorizing agent.  
  
I assume complete responsibility for the disposition of the cremated remains and I authorize Twinwood Mortuary Service to :

Hold cremains for pickup by Funeral Home or Family Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/Relationship/ID Required)

Or Ship to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Name, Address, Relationship, and Phone Number of Receiving Party.

Signature of Authorizing Agent: By signing this Cremation Authorization Form, I warrant that all representations and statements on this form are true, and correct, and authorize Twinwood Mortuary Service to follow through with the cremation of the deceased listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Agent Print Name Relationship to deceased Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address City State Zip Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Funeral Home or Other Establishment Address Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (**Funeral Director and License Number**) Date

**\*\*\*This Form must be witnessed by a Funeral Director (above), or Notarized (below).\*\*\***

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Before me, a Notary Public, on this day I hereby confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , whose signature are set forth above as “Authorizing Agent) executed this Cremation Authorization Form in my presence.

Subscribed to and sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_20\_\_\_.

My Commission expires the \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_.

Licensed Cremation Establishment: \_\_ Bradshaw Carter 1734 W. Alabama Street, Houston, TX 77098 or \_\_ Chapel of the Pines 503 F.M. 1942 Crosby, TX 77532