



2210 Broadway, Lubbock
806-749-4483

1821 Main Street, Tahoka
806-561-4433

510 8th Street, O'Donnell
806-428-3313

AUTHORIZATION FOR CREMATION & DISPOSITION

I, the undersigned certify, warrant and represent that I have the full legal right and authority to authorize the cremation, processing and disposition of the remains for _____ hereinafter referred to as the deceased. The deceased died at _____ am/pm on the _____ day of _____ 20____. I hereby request and authorize Combest Family Funeral Homes and Crematory of Lubbock, Tahoka and/or O'Donnell to take possession of and make arrangements for _____ (deceased). I authorize the crematory to return the cremated remains of the deceased to the sending funeral home or the next of kin address.

The cremation processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing law, the rules, regulation and policies of the crematory and funeral home, and the following terms and conditions. It is the policy of the crematory to require the remains of the deceased be placed in some type of minimum container. If a casket is used, the crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the deceased are received by the crematory in a casket or other container made of non-combustible material, I authorize the remains of the deceased to be removed prior to the cremation and placed in a combustible container. We further authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems appropriate.

Pacemakers may create a hazard when placed in a cremation chamber. The crematory will not cremate any human remains which contain any type of implanted medical or radioactive device. In the event the remains of the deceased contain such a device I hereby authorize the funeral home, its agents and employees to remove any such device from the remains of the deceased prior to cremation and dispose of such items at its discretion. I understand that failure on my part to notify the funeral home/crematory of such implant could result in damage to crematory workers and equipment and I will be held liable. **Deceased does _____ does not _____ contain any type of implanted mechanical or radioactive device.**

The cremation container containing the deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation.

Certain items, including but not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry and other personal articles accompanying the remains of the deceased may be destroyed during the cremation process. I further authorize that if any items other than the cremated remains of the deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the deceased and disposed of by the crematory.

I hereby authorize the crematory to separate and remove from the cremation chamber all non-combustible materials, including, but not limited to hinges, latches, nails, jewelry and precious metal, and to dispose of such materials.

Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

Unless an urn or container suitable for shipment is provided, the crematory will place the cremated remains of the deceased in a container made of plastic and covered with cardboard, which is destructible and will not be held liable for any damages that might occur during shipment.

In the event this container or provided urn is insufficient to accommodate all of the cremated remains of the deceased any excess cremated remains will be placed in a secondary container and returned to the family and or funeral home, together with primary container or urn.

I understand and acknowledge that even with the exercise of reasonable care and the use of the crematory's best efforts, it is not possible to recover all particles of the cremated remains of the deceased and that some particles may inadvertently become commingled with particles of other cremated remains, remains remaining in the cremation chamber, and/or devices used to process the cremated remains. I hereby authorize the crematory to dispose of such particles in any lawful manner deemed appropriate.

I agree to indemnify and hold the crematory, funeral home, their affiliates, agents, employees and assigns harmless from any and all loss, damages, liability or cause of action (including attorney's fees and expenses of litigation) in connection with the cremation of human remains.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION & DISPOSITION

I warrant that all representations and statements made herein are true and correct and that I have read and understand the provision contained in this document.

SIGNATURE _____ RELATIONSHIP _____ DATE _____
SIGNATURE _____ RELATIONSHIP _____ DATE _____
SIGNATURE _____ RELATIONSHIP _____ DATE _____

PURSUANT TO SECTION 711.002. DISPOSITION OF REMAINS; DUTY TO INTER. (a) Unless a decedent has left directions in writing for the disposition of the decedent's remains as provided in Subsection(g), the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, shall inter the remains, and are liable for the reasonable cost of interment: (1) the person designated in a written instrument signed by the decedent; (2) the decedent's surviving spouse; (3) any one of the decedent's surviving adult children; (4) either one of the decedent's surviving parents; (5) any one of the decedent's surviving adult siblings; or (6) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent. However, it is the policy of our company that all next of kin sign the authorization.

The family has requested the following items be cremated with the deceased: _____

Funeral Home Representative Signature _____ Date _____