IDENTIFICATION OF DECEASED
PRIOR TO CREMATION

NAME OF DECEASED ____________________________________________

Part I: VISUAL IDENTIFICATION BY FUNERAL HOME REPRESENTATIVE

Reason visual identification not performed ____________________________________________

Describe alternative methods used to confirm identification (E.G. PHOTOGRAPHS, SCARS, TATTOOS) ____________________________________________

Name of individual providing information ____________________________________________

Signature of Funeral Home Representative confirming identification ____________________________

I, _______________________________ , HAVING DECLINED TO MAKE IDENTIFICATION THROUGH ACTUAL VIEWING
OF THE REMAINS OF ____________________________, HEREBY AGREE TO INDEMNIFY AND HOLD BLUEBONNET
CREMATION SERVICES, LLC, AND ___________________________ AND ITS OFFICERS, DIRECTORS,
SHAREHOLDERS, AFFILIATES, AGENTS, EMPLOYEES, SUCCESSORS AND ASSIGNS HARMLESS FROM ANY AND ALL
CLAIMS, LIABILITIES, DAMAGES, LOSSES, SUITS OR CAUSES OF ACTION (INCLUDING ATTORNEYS’ FEES AND
EXPENSES OF LITIGATION) BROUGHT BY ANY PERSON, FIRM OR CORPORATION OR THE PERSONAL
REPRESENTATIVE THEREOF, RELATING TO OR ARISING OUT OF SUCH FAILURE TO IDENTIFY.

__________________________________________
SIGNATURE OF AUTHORIZED PERSON (S)

__________________________________________
RELATION TO DECEASED

PRINT NAME ____________________________________________

DATE SIGNED

Part II: VISUAL IDENTIFICATION ACKNOWLEDGEMENT

THE UNDERSIGNED, HAVING VIEWED THE REMAINS, DOES HEREBY IDENTIFY THE SAME AS THE BODY OF
__________________________________________.

AMPLE TIME HAS BEEN GIVEN THE UNDERSIGNED TO ASSURE PROPER IDENTIFICATION.

THE UNDERSIGNED ASSUMES ALL LIABILITY FOR INCORRECT IDENTIFICATION AND DOES HEREBY AGREE TO
INDEMNIFY, DEFEND AND HOLD BLUEBONNET CREMATION SERVICES, LLC, AND ___________________________
(Funeral Home), INCLUDING THEIR AGENTS AND EMPLOYEES, HARMLESS FROM ANY AND ALL CLAIMS, DAMAGES, LIABILITIES AND COSTS (INCLUDING REASONABLE
ATTORNEY'S FEES) WHICH MAY ARISE IF THIS IDENTIFICATION IS INACCURATE.

__________________________________________
SIGNATURE OF AUTHORIZED PERSON (S)

__________________________________________
RELATION TO DECEASED

PRINT NAME ____________________________________________

DATE SIGNED
RECEIPT ACKNOWLEDGING ACCEPTANCE OF REMAINS

Fax this sheet to 817-507-3401, when deceased is ready for pick up. Acknowledge if holding for cremation; by checking storage. If picking up from ME, include release letter signed by family and make sure ME has released body to funeral home. Once you have all cremation paperwork and ready to cremate, refax this sheet and note: date deceased ready to cremate.)

All Blanks should be completed.

NAME OF DECEASED _____________________________________________

ACCEPTING REMAINS FOR STORAGE ____ OR ____CREMATION

FUNERAL HOME ________________________________________________

PU / DELIVERY DATE ________________ TIME ______________

WHERE IS BODY TO BE PICKED UP FROM _____________________________________

DECEASED READY TO CREMATE DATE _______________________________________

TYPE OF CREMATION CONTAINER ___________________________________________

CREMATORY REPRESENTATIVE _____________________________________________

RADIOACTIVE DEVICES ________________________ REMOVED? _________________

PROSTHESIS ___________________________________ REMOVED?_________________

REPRESENTATIVE’S SIGNATURE _____________________________________________

PRINT NAME ______________________________________________________________

--------------------------------------------------------------------------------------------------------------------------

CREMATION INSTRUCTIONS

LIST VALUABLES TO BE CREMATED WITH BODY______________________________________________________________

_________________________________________________________________________________________________________

WITNESS CREMATION (YES OR NO ) IF YES, DATE _____________ TIME ____________

--------------------------------------------------------------------------------------------------------------------------

RECEIPT FOR RELEASE OF CREMATED REMAINS

RETURNED: DATE __________ TIME __________ NAME OF FUNERAL HOME _________________________________

PERSON RECEIVING REMAINS ________________________________ CREMATORY REPRESENTATIVE _____________
AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING!

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority to authorize the cremation, processing and disposition of the remains of ___________, Date of Death ___________ (hereinafter referred to as the “Deceased”).

I/We hereby request and authorize ________________________________to take possession and make arrangements for the cremation of the remains of the Deceased at ________________________________.

I/We authorize Crematory to:

Return the cremated remains of the Deceased to the possession and custody of the Funeral Home.

Mail by Certified Mail to:

Name: ___________________________ Address: ___________________________________________

City, State: _________________________ Phone Number: ________________________________

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a leak resistant bag (if the body is unembalmed). In the event the remains of the Deceased are received by the Crematory in a casket or other container that is not leak resistant, I/We agree that the crematory may make arrangements for the remains of the Deceased to be cremated in a leak resistant bag.

2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE CERTIFY THAT THE REMAINS OF THE DECEASED DO ______ DO NOT ____ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

Device: _________________________ Disposition: __________________________________________

Device: _________________________ Disposition: __________________________________________

If no instructions for disposition are given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of 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/We authorize the crematory to open the cremation chamber during the cremation process and repose the remains of the Deceased in order to facilitate a complete and thorough cremation.

4. 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/We 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.

5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.

6. 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.

7. Unless an urn is purchased, the Crematory will place the cremated remains of the Deceased in a container which is designed for any type of shipment.

8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and disposed of with the primary container in the method authorized above.

9. I/We 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 remaining in the cremation chamber and/or devices utilized to process the cremated remains. I/We authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

10. Unless I/We give specific written instructions in the Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.

11. In the event of cremated remains of the Deceased remain unclaimed for a period of 30 days; the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.

12. I/We agree to indemnify, release 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 attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

13. Except as set forth in the Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents, or employees.

SIGNATURE OF PERSON (S) AUTHORIZING CREMATION & DISPOSITION

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

Signature: ___________________________________________ Print Name: ___________________________________________

Address: ___________________________________________ Phone: __________________________________________

Signature: ___________________________________________ Print Name: ___________________________________________

Address: ___________________________________________ Phone: __________________________________________