

**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 IDEMNIFY, 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



FUNERAL HOME & CREMATION SERVICE

100 S. Morgan Street • Granbury, TX • 817-573-1154

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

COUNTY

FUNERAL HOME _____

PU / DELIVERY DATE _____ TIME _____

YES ___ / NO ___

WHERE IS BODY TO BE PICKED UP FROM _____

DECEASED READY TO CREMATE DATE _____

TYPE OF CREMATION CONTAINER _____

INFANT COUNTY

CREMATORY REPRESENTATIVE _____

RADIOACTIVE DEVICES _____ REMOVED? _____

YES ___ / NO ___

PROSTHESIS _____ REMOVED? _____

IF YES WHAT AGE _____

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 _____



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AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSABLE 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

Funeral Home: _____ Address: _____

City, State: _____ Phone Number: _____

(Hereinafter referred to as the "Funeral Home") to take possession and make arrangements for the cremation of the remains of the Deceased at Bluebonnet Cremation Services, LLC.

(Hereinafter referred to as the "Crematory").

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: _____

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...
2. Mechanical or radioactive devices implanted in the remains of the Deceased...
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...
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework...
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials...
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments...
7. Unless an urn is purchased, the Crematory will place the cremated remains of the Deceased in a container...
8. In the event the urn or container is insufficient to accommodate all of the cremated remains...
9. I/We understand and acknowledge, that even with the exercise of reasonable care...
10. Unless I/We give specific written instructions in the Authorization...
11. In the event of cremated remains of the Deceased remain unclaimed for a period of 30 days...
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates...
13. Except as set forth in the Authorization, no warranties, expressed or implied, are made by the Funeral Home...

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: _____