HELPING HANDS FUNERAL & CREMATION SERVICES
201 VICTOR ST, AUSTIN, TX 78753
CREMATION AUTHORIZATION
****PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING****

NAME OF DECEASED_____ **WEIGHT:**_____

DATE OF DEATH:_____ **TIME OF DEATH:**_____ **GENDER:**_____

AUTHORITY OF AUTHORIZING AGENT
I/We, the authorized agent(s), state that I have the right to authorize the cremation of the named deceased above,, and I am not aware of any person with a superior or equal priority right; or if another person has an equal priority right to authorize cremation, I have made all reasonable efforts but failed to contact that person and I believe the person would not object to the cremation; and I agree to indemnify and hold harmless the funeral establishment and the crematory establishment for any liability arising from performing the cremation without the person's authorization. I authorize the crematory establishment to cremate the remains of the deceased above.

LIMITATIONS OF LIABILITY
As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless said crematory, its officers, agents and employees, form all claims, demands, causes or courses of action, and suit of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to identify the decedent or the human properly remains transported to said crematory, the processing, shipping and final disposition of the decedent's cremated remains, any damage due to harmful or exploding implants, claims brought about by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by said crematory, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

I/We further confirm that I/we understand said crematory will hold cremated remains for no longer than ninety (90) days from the date of cremation unless prior specific arrangements have been made. Without prior arrangements, after ninety days, said crematory retains the right to dispose of the cremated remains in any legal manner and shall not be held liable for the non-recoverability of the cremated remains.

_____ ***(Authorizing Agents' Initials)***

VIEWING/IDENTIFICATION
If the survivors request a viewing of the deceased for identification purposes and/or for emotional closure, we will accommodate those requests. If there will be no viewing, then the cremation will take place at the time indicated in the "time of cremation" section of this document. If the remains of the deceased are unembalmed, this viewing will be for immediate family members only. Charges for these services are indicated in the General Price List that has been provided to the next-of-kin/ authorizing agent.
ALL PACEMAKERS AND RADIOACTIVE IMPLANTS WILL BE REMOVED BEFORE CREMATION

VIEWING DATE/TIME:_____

SIGNATURE OF THE AUTHORIZING AGENT(S)
By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this form are true and correct, that these statements were made to include said crematory to cremate the human remains of the decedent, and that the undersigned has read and understands the provisions contained on this form. I/We have instructed the above-mentioned crematory and/or funeral home to remove or arrange for the removal of these devices and will properly dispose before the cremation.

_____ _____

Signature Signature
Name:_____ Name:_____

Relationship:_____ Relationship:_____

Funeral Home: HELPING HANDS FUNERAL & CREMATION SERVICES, 201 VICTOR ST, AUSTIN, TX 78753

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(Signature of Funeral Director as Witness)