



To: aCremation From: _____

Phone: _____ Email: _____

Fax: 214-785-6163 Date: _____

Total pages being submitted: ____

This paperwork pertains to (check one):

Planning Imminent Death Death has Occurred

IMPORTANT: If death has occurred, call immediately!

Call 877-353-3626 so we assist you right away (day or night).

My loved one is at (check one): Coroner’s Office Hospital Funeral Home Residence / Nursing Facility

Email Instructions:

Fill in and check the forms thoroughly, save forms as .PDF with data included and email to CareTX@aCremation.com

Fax Instructions:

If you don’t have the ability to scan the form with the data and signatures included, please fax to 214-785-6163.

1. Fax Cover Page
2. Vital Information Form
3. Main Contact and Next of Kin Contact Information
4. Authorization for Release (If death has occurred)

Disclaimer: This message is intended only for the use of the individual or entity to which it is addressed and may contain information which is privileged, confidential, proprietary, or exempt from disclosure under applicable law. If you are not the intended recipient or the person responsible for delivering the message to the intended recipient, you are strictly prohibited from disclosing, distributing, copying, or in any way using this message. If you have received this communication in error, please notify the sender and destroy and delete any copies you may have received.



aCremation offers affordable cremation services to families who desire basic cremation without a funeral-home coordinated memorial. In order to serve our families in the most efficient and cost effective way possible, we have established a few terms of service.

Terms of Service

1. **Payment is required prior to aCremation taking your loved one into our care – including Medical Examiner fees. We accept all major credit cards.**

All Medical Examiner offices have a schedule of fees and require payment at the time we pick up your loved one. These fees will be listed on your Statement of Goods and Services and charged to the credit card you provide. aCremation will then pay these fees on your behalf.

2. The decedent does not exceed the weight of 600 lbs. (Note: There may be an additional charge for persons over 250 pounds. Please call us for additional information.)
3. The decedent must be within the counties listed on our website only.
4. Decedents who pass away at home or at a nursing facility will be brought into our care immediately. We will pick up the decedent from a hospital or medical examiner/coroner's office during normal business hours after the cremation forms have been completed and payment in full has been secured.
5. The Legal Next of Kin signs authorization documents online using a secure, e-signing process. See below for an explanation of who the Legal Next of Kin is in Texas.

The Texas Health and Safety Code Sec. 711.02 lists the persons who have the right to make decisions about disposition arrangements after an individual's death unless other written instructions are left. They are listed in the following order:

- (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.

All persons must be competent. And, except for spouses and parents, all persons must be at least 18 years of age.

Decedent's wishes must comply with the Health and Safety Code Section 711.02 to be binding.



VITAL INFORMATION FORM

The information below will be used on the official Death Certificate. It is imperative that it be accurate. If any box is left blank, we will assume it is unknown and follow the guidelines of the State's electronic death registry system.

| DECEDENT'S PERSONAL INFORMATION | | | | |
|--|----------------------------|--------------------------------------|---------------------------------------|--------|
| 1. DECEDENT – FIRST | 2. MIDDLE | 3. LAST (family) | 8. SOCIAL SECURITY NO. | 6. SEX |
| 4. BIRTH DATE | 5. AGE | 7. DATE OF DEATH (if applicable) | | |
| | | Date | Time | |
| 9. BIRTH STATE / FOREIGN COUNTRY | 10. ARMED FORCES (Branch)? | | 19. MARITAL STATUS | |
| 13. EDUCATION (Highest Level) | 16. RACE (Up to Three) | | 14/15. WAS DECEDENT SPANISH/HISPANIC? | |
| 17. DECEDENT'S OCCUPATION | | 18. TYPE OF INDUSTRY OR BUSINESS | | |
| USUAL RESIDENCE | | | | |
| 20. DECEDENT'S RESIDENCE (Physical Street Address) | | | 22. COUNTY/PROVIDENCE | |
| 21. CITY | 25. STATE | 23. ZIP CODE | | |
| INFORMANT | | | | |
| 26. INFORMANT'S NAME & RELATIONSHIP | | 27. INFORMANT'S FULL MAILING ADDRESS | | |
| | | | | |
| SPOUSE & PARENT INFORMATION | | | | |
| 28. NAME OF SURVIVING SPOUSE – FIRST, MIDDLE, LAST (Maiden Name) | | | | |
| 29. NAME OF FATHER – FIRST, MIDDLE, LAST | | | | |
| 31. NAME OF MOTHER – FIRST, MIDDLE, LAST (Maiden Name) | | | | |

I state that the information above is true and correct. Further, I release aCremation from any charges that may occur in the correction of the original certificate due to this information.

SIGNATURE: _____ **DATE:** _____



Main Contact and Next of Kin
(As listed on Page 2)

Main Contact

| | | | |
|--|--------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Full Name (Person coordinating final arrangements may also be the Next of Kin.) | Relationship | Phone | Email |

Next of Kin #1

| | | | |
|-----------|--------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Full Name | Relationship | Phone | Email |

Next of Kin #2

| | | | |
|-----------|--------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Full Name | Relationship | Phone | Email |

Next of Kin #3

| | | | |
|-----------|--------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Full Name | Relationship | Phone | Email |

Next of Kin #4

| | | | |
|-----------|--------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Full Name | Relationship | Phone | Email |


AUTHORIZATION FOR RELEASE

Regarding: _____ [Decedent's Full Legal Name]

Date of Birth: _____ [MM/DD/YYYY]

I hereby certify as signed below, that in accordance with the wishes and majority approval of all others so authorized by Texas Health & Safety Code Sec. 711.02, I have the right to control the disposition of the above named decedent.

I direct that the remains of the above named decedent be released or delivered without delay to aCremation or its agent on request.

The deceased, HAS _____, or HAS NOT _____ to my knowledge, any communicable disease or been exposed to one, and, DOES _____, or DOES NOT _____ have any radioactive isotopes.

All valuables and/or personal property of the decedent are to remain at the place of death until further notice unless I specifically authorize otherwise in writing.

Authorized Signature

Date

Authorizer's Printed Full Name

Authorizer's Primary Phone

Authorizer's Street Address

City / State / ZIP

Driver's License # or Identification #

I hereby agree to hold aCremation harmless and to indemnify it or its assignees and/or agents from any and all claims, demands or damages which may be made or declared by reason of their acting according to this authorization.

Location of Decedent:

Facility Name

Facility Address