

Authorization for Cremation and Disposition

The crematory will place the cremated remains of the deceased in a container made of plastic and covered with cardboard, which is destructible. In the event this container is insufficient to accommodate all the cremated remains of the deceased, any excess cremated remains will be placed in a secondary container and returned to the funeral home, together with the primary container.

I/WE authorize the crematory to return the cremated remains of the deceased to the possession and custody of the funeral home. I/WE understand that the services and obligation of the crematory shall be fulfilled when the cremated remains of the deceased are returned to the possession and custody of the funeral home. I/WE hereby authorize the funeral home to arrange for the disposition of the cremated remains of the deceased as follows:

Deliver to cemetery (Name and Address) N/A

Release to Designated Family Member (Name) N/A

Description of urn or container selected Wooden Urn Suitable for shipping yes no

Ship via U.S. Registered Mail * N/A Address N/A

Other Miller-Josey Mortuary, LLC / 428 West Meyer Street, Bellville, Texas 77418

- Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered mail with the United States Postal Service.

Time for Family to View or Witness Cremation: Time scheduled am pm. Date _____

I/WE agree to indemnify, release and hold the crematory, funeral home, and their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's 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, to take possession of, or make permanent arrangements for, the disposition of such remains.

I/WE the undersigned, hereby certify that I/we am/are the closest living next of kin of the deceased, that I/we have charge of the remains of the deceased and as such possess full legal Authority and Power, according to the laws of the State of Texas to execute this authorization form and to arrange for cremation and disposition of the cremated remains of the deceased. I/WE am/are not aware of a person of equal priority who disagrees with authorizing cremation.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/WE warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions in this document.

Signature _____ Printed name & relation _____

Address _____ Date _____

Signature _____ Printed name & relation _____

Address _____ Date _____

Signature _____ Printed name & relation _____

Address _____ Date _____

Signature of Funeral Director _____ Date _____