

Instructions for Completing the Online Forms

The legal next of kin of the decedent is required to complete these forms and sign each page that requires a signature. If the legal next of kin of the decedent is unable to complete these forms, then any family member, or friend, may help with completing the forms, but they MAY NOT and CANNOT sign for the legal next of kin of the decedent. If a person wishes to sign the forms for the next of kin of the decedent they may do so only if they have power of attorney over the next of kin of the decedent. A clear legible copy of the power of attorney will need to be submitted to the funeral home for further review. Feel free to contact us if you have any questions or need clarification on how to complete these forms. We are available 24 hours a day, 7 days a week.

1. **“Vital Statistical Information for Texas Death Certificate”** When completing this form, please DO NOT use nicknames. Your loved one’s full legal name is required. This is usually their name given at birth. Please complete all sections of this document. If you are unable to obtain any information that identifies your loved one, i.e., social security number, place of birth, parent’s names, etc., please enter ‘UNAVAILABLE.’
2. **“Federal Trade Commission Disclosure/Disclaimer Form”** A complete copy of our general price list is available on our website. Please visit www.dallascremations-funerals.com and click on the ‘Locations Tab.’ Scroll down to ‘Additional Information’ and you will see the link to our general price list. If you prefer, you may contact us to email you a copy. Please note that by signing you are NOT AGREEING to a final price for a burial, cremation, or other service(s) through our funeral home.
3. **“Embalming Authorization”** Embalming is not required by law. However, embalming may be necessary if you select certain arrangements, such as a funeral with viewing or entombment (above-ground burial). When choosing direct cremation or direct burial with NO PUBLIC viewing and/or funeral service then please sign the Embalming Authorization form at the very bottom of the page where it reads, *“... refuses to give permission to embalm...”*
4. **“Processing the Death Certificate”** Please indicate how many death certificates you need for your loved one’s accounts and other affairs. Please indicate if you prefer our funeral home to secure the death certificates or if you will secure them yourself.
5. **“Receipt of Cremated Remains”** Please acknowledge that you have read how long it may take for the cremation of your loved one to take place. Please initial your choice of how you will take possession of your loved one’s cremated remains.
6. **“Consent to Publish Obituary/Notification of Death”** Please accept or decline permission for our funeral home to post an obituary or notification of death of your loved one on our funeral home website. If you wish to have it published in a newspaper, please contact us and we will get a price from the newspaper(s). Before running in the newspaper(s) of your choice you will need to review their proof, agree to their charges, and submit payment. We will NOT submit the notice to the newspaper(s) until all steps have been completed by you from this section.

7. **“Authorization for Cremation and Disposition”** This form is a two-page form, and it is very important. Please read it carefully before you start completing and signing.

Page 1: The legal next of kin of the decedent is the authorizing agent. If you are unsure who has the authority to cremate, please note that the legal next of kin is the spouse of the deceased, if the decedent was still legally married at the time of their death. If the decedent was divorced, widowed, or never married at the time of death, but has children, then all adult children must sign and authorize the cremation. If there is no surviving spouse, or adult children, then the parent(s) of the decedent must sign and authorize the cremation. If both parents of the decedent have passed, then all surviving adult siblings of the decedent must sign and authorize the cremation. If you are unsure who has the legal authority to sign this document, please feel free to contact us. (a) You will need to indicate if your loved one has a pacemaker or defibrillator, or any other mechanical device with a battery that is implanted in their body. (b) You will need to indicate the manner of final disposition of your loved one’s cremated remains by selecting interment, spreading, retention at home, or if you do not know what you will do with the cremated remains in the future. (c) If you, the legal next of kin, decide NOT to identify your loved one then you MUST provide our funeral home a recent photograph of your loved one for us to be able to do an I.D. view on your behalf.

Page 2: Enter your name and sign where indicated. By entering your name and signing you are confirming that you are the legal next of kin and authorizing agent.

You may contact us at any time at 469.818.0456

Once the forms have been completed, please email them to info@northtexascremation.net or fax the forms to 972.406.1480

Vital Statistical Information for Texas Death Certificate

Age: ___ Date of Birth: ___/___/___ Social Security Number: _____-_____-_____

Gender: Male ___ Female ___

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Maiden Name: _____ AKA: _____

Decedent's Address: _____ Apt. # _____

City: _____ State: ___ Zip: _____ County: _____ City Limits: Yes ___ No ___

Place of Birth: City _____ County: _____ State/Country _____

Marital Status: Married ___ Divorced ___ Widowed ___ Never Married ___ Unknown ___

Surviving Spouse: First _____ Middle _____ Last _____ Maiden _____

Father's Name: First _____ Middle _____ Last _____

Mother's Name: First _____ Middle _____ Maiden _____

Education: 8th grade or less ___ 9th – 12th (no diploma) ___

High School Graduate or GED ___ Some College (no degree) ___

Associate's ___ Bachelor's ___ Master's ___ Doctorate ___ Trade ___

(Before Retirement) Usual Occupation: _____ Type of Industry: _____

Police Officer in Texas: Yes ___ No ___

Armed Forces: Yes ___ No ___ Branch of Service: _____

Race: _____ (Hispanic Origin: Yes ___ No ___; Country of Origin or Ancestry: _____)

Informant First & Middle Name: _____ Last Name: _____

Relationship: _____ DOB: _____ SS: _____-_____-_____

Address: _____ Apt: _____

City: _____ State: ___ Zip: _____ County: _____

Phone: _____ Email: _____@_____

How Did You Hear About Us? _____

Place of Death: _____ Date of Death: _____ Time of Death: ___:___:___

City: _____ Zip: _____ County: _____

Doctor's Name: _____ Number: _____

Method of Disposition: _____ Place of Disposition: _____

City: _____ State: _____

Section: _____ Block: ___ Lot: ___ Space: _____

Funeral Director: _____ License Number: _____

Address: _____ City: _____ State: ___ Zip: _____



FTC DISCLOSURE / DISCLAIMER FORM

The Federal Trade Commission's Funeral Industry Practice Rule requires certain disclosures and prohibits Misrepresentations. The Disclosure Disclaimer Form is a checklist we ask those we serve to read and sign if during the funeral arrangement our firm complied with the following:

NAME OF DECEASED:

DATE OF DEATH:

The undersigned received a General Price List effective on: January 1, 2024 prior to discussing prices, services or merchandise.

The undersigned received a Casket Price List effective on: January 1, 2024 prior to viewing or discussing prices of caskets.

The undersigned received an Outer Container Price List effective on: January 1, 2024 prior to viewing or discussing prices of outer burial containers.

The undersigned received a copy of the Facts About Funerals brochure provided by the Texas Funeral Service Commission that explains the rights of the consumer in the funeral process.

The undersigned were not told that embalming is required by law and were told that the law does not require embalming except in certain cases. If embalming was provided, it was done with the permission of the undersigned.

The undersigned was not told that the law requires embalming for direct cremation, immediate burial, or if refrigeration is available and the funeral is without viewing or visitation.

The undersigned was informed that the law does not require a casket for direct cremation.

The undersigned was informed that the law does not require the purchase of an outer burial container.

The funeral home made no representations to the undersigned that embalming or the use of any merchandise available from the funeral home would delay the decomposition of the remains for a long time or indefinite time.

The undersigned understands that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. The undersigned further understands that the only warranties, expressed or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, which are extended by the manufacturers of the goods. No other warranties, including the implied warranties of merchantability or fitness for a particular purpose are extended by the funeral home.

SIGNATURE:

PRINT NAME:

DATE:

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment: North Texas Funerals and Cremations

Name of Deceased _____ **Date of Death** _____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractor or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

Signature of Next-of-kin or Person Responsible for making arrangements for final disposition

Date Signed

NOTE: Mortuary Students may only participate in embalming if permission is in writing and in possession of the Licensed Embalmer at the time of the procedure.

If Authorization for embalming is oral, complete the following: Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.	
Authorization to embalm received from _____	
Relation to Deceased _____	
Time _____ <input type="checkbox"/> a.m. or <input type="checkbox"/> p.m.	Date _____
Received by _____	

If no authorization can be obtained, complete the following:

I hereby acknowledge that _____ has made a reasonable effort over a period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. _____
Name of Establishment
 Times contact with family attempted: _____

Signature and License # of Embalmer

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual.

Signature

Date



PROCESSING THE DEATH CERTIFICATE

All funeral homes in Texas are required by law to “file” a Certificate of Death. By “file,” we mean to create the factual information on the Certificate, have the Doctor or Medical Examiner fill in the cause of death, and finally present the completed Certificate to the State of Texas Bureau of Vital Statistics for recording and certifying.

After we file the Death Certificate with the Bureau of Vital Statistics, Certified Copies are available to qualified persons. The charge is \$21.00 for the first copy and \$4.00 for each additional copy.

The entire process, which includes obtaining Certified Copies for you, may take up to four weeks. This is usually completed electronically and allows us to obtain appropriate permits and authorizations for cremation. In some cases where the medical certifier cannot use the electronic system, this process is continued via the U.S. Postal System to have the originals signed and submitted. Time delays may sometimes result from elements outside of our control, such as Doctor’s schedules and delays with local governmental agencies. The information printed on the final death certificate is collected from the decedent’s Informant which is usually also the next of kin. It is very important that correct vital statistic information is given during the arrangement conference. To add or correct information on the death certificate after it has been filed with the state will take a minimum of 90 days and usually takes closer to three months. Additional fees are involved if a death certificate is incorrect and an amendment is required. We will not be held responsible for errors on the death certificate if incorrect or inadequate information is given during the initial arrangement conference. As soon as the process has been completed, we will contact you to set up an appointment for you to receive the death certificates. If you wish for us to mail the death certificates to you, there will be a charge of \$25.00 to cover the mailing of these certificates by Certified Mail with Return Receipt Requested. These are controlled documents which we will release only with your permission.

We are ordering ____ Certified Copies of the Certificate of Death for you. Should you find that you are in need of additional copies at some later time, you may obtain them through the Department of Vital Statistics.

I acknowledge the above mentioned options and have opted for the following:

**North Dallas FH to Secure Death Certificates
(Ordered From State, 4 week turnaround)**

Initials: _____

**Family to Secure Death Certificates
(ordered through VitalChek Website once filed
with the State of Texas)**

Initials: _____

**City of Dallas, Denton County & Tarrant County Only
Filing Fee of \$21.00 will apply*

**Family to Secure Death Certificates
Through local Clerk’s office once filed with
the State of Texas**

Initials: _____

Filing Fee of \$21.00 will apply



RECEIPT OF CREMATED REMAINS – PLEASE READ CAREFULLY

The amount of time from the time we meet with the family to the time we have the cremated remains ready to provide to the family **may take up to 3 weeks.**

The process begins with the generation of the death certificate by our staff. The information on the death certificate is verified by the family for correctness. The certificate is then forwarded to the appropriate medical certifier for completion of the cause of death. Medical certifiers have up to 5 days to complete the medical portion of the death certificate. When we receive the signed death certificate, we then forward it to either the Medical Examiner’s Office or the Justice of the Peace with jurisdiction over the place of death, with a request for a Cremation Authorization Permit. The medical authority will verify cause of death and send us a cremation permit. We are then required to submit the death certificate and the cremation permit to the Office of Vital Statistics in the city or county where the death occurred. Vital Statistics verifies the information and issues a Burial Transit Permit. Please note that the time required for the above-mentioned to sign and send back to us is outside of our control. It can be a few hours or several days. We then submit all of the documentation to our crematory to schedule and initiate the cremation. From the time that our crematory is notified until we receive the cremated remains is generally three to five business days. We highly recommend that, if you are planning to have a memorial service and want your loved one’s ashes present for that service, you do not finalize plans for that service until you have received the ashes. Although we will take all means possible to fulfill your personal requests and/or deadlines, we cannot make any guarantees as to when the ashes will be ready for pickup. **We may be able to expedite the cremation process for a fee starting at \$695.**

Upon receipt of the cremated remains, we can notify you to pick them up, or we can ship them to you via United States Postal Service Registered Mail for a fee of \$185.00. Shipping takes several days due to the highest level of handling accountability within the postal system. We may also inter the cremated remains at a location of your choice for additional fees. There is a \$25 charge for transferring ashes into each urn. This charge is already included in the cost of urns purchased through our funeral home. Cremated remains must be released from our facilities within 4 weeks following the notification from a representative of our funeral home that the cremated remains are ready to be released. Due to limited storage space and liability involved, we maintain the right to dispose of said cremated remains after the 4 week grace period; a service which will add a penalty fee to your contract. At your request, we may keep cremated remains secure at our facilities for a duration agreed upon by you and your funeral provider beyond the 4 week period for an additional storage fee.

A temporary container is not intended for the permanent storage of cremated remains in a niche, crypt, cremation interment container, or interment space. [TEX HS. CODE ANN. § 716.155]

By signing below I acknowledge that I have read, understand & agree to the statements made above.

Signature: _____

I acknowledge the above mentioned options and have opted for the following:

Call to pick up remains from NTFC-	Initials: _____
OR	
Mail remains for \$185.00 -	Initials: _____
OR	
Inter at preferred location – *Additional fees apply*	Initials: _____
OR	
Store remains at Funeral Home - *Additional fees apply*	Initials: _____



NORTH TEXAS
FUNERALS AND CREMATIONS

CONSENT TO PUBLISH
OBITUARY/NOTIFICATION OF DEATH

As part of our service in honoring your loved one, we offer a free Life Legacy page dedicated to your loved one, customized with an obituary notice (regardless of length) and favorite photograph. Visitors to your loved one's Life Legacy page are given the opportunity to post condolences and share memories from the heart. Memorial Tribute Videos may also be linked to your loved ones Life Legacy Page for additional personalization.

NAME OF DECEASED

DATE OF DEATH

As legal next of kin, I elect the following, to release to social media and publication on the North Texas Funerals and Cremations website a Life Legacy page dedicated to my loved one name above.

ACCEPT

DECLINE

Purchaser's Signature

Date

Funeral Director's Signature



2735 Great Southwest Parkway
Grand Prairie, Texas 75052
License #2411

AUTHORIZATION FOR CREMATION AND DISPOSITION

Funeral Home: North Texas Funerals and Cremations Phone Number: (972) 522-7887

Funeral Home Address: 2735 S Great Southwest Pkwy Grand Prairie, TX 75052

FDIC & License Number: _____

Decedent: _____ Date of Death: _____ Time of Death: _____

Authorizing Agent: _____ Relationship: _____

I, _____ (authorizing agent), state that I have the right to authorize the cremation of _____ (decedent), 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 deceased remains of _____ (decedent).

The deceased human remains **DO** _____ (describe the implant/material: _____) **or**
DO NOT _____ contain a pacemaker or any other material or implant that may potentially be hazardous or cause damage to the cremation chamber or the person performing the cremation.

I authorize the release of the cremated remains to: _____

I authorize shipment of the cremated remains to: _____

Address: _____

The manner of final disposition for the cremated remains is: Interment ____ Spreading ____ Retention at Home ____ Unknown ____

The following items will be delivered to the crematory with _____,

Instructions for the handling of items delivered to the crematory with _____

Viewing/Service with decedent: _____ at _____
Date Time

The authorizing agent declines to identify the decedent and authorizes the funeral home to perform an "Id View" in their stead.

Agent Signature

Identification performed on _____ by _____ with the use of _____
Date Funeral Director (Ex. Photograph provided by family)



AUTHORIZATION FOR CREMATION AND DISPOSITION

Page 2

Decedent: _____ Date of Death: _____ Time of Death: _____

The authorizing agent _____ assumes responsibility for the disposition of the cremated remains and the crematory establishment may:

- (a) **Release to the authorizing agent, in person, the cremated remains of the deceased person;**
- (b) **Ship the cremated remains to the authorizing agent if the agent authorizes shipment and provides a shipping address on the authorization form**
- (c) **Dispose of the cremated remains not earlier than the 121st. day following the date of cremation, in accordance with Health & Safety Code Chapter 716, if the cremated remains have not been claimed by the authorizing agent.**

I _____ (authorizing agent) attest to the accuracy of all representations contained on this cremation authorization form.

Authorizing Agent: _____ Signature: _____ Date: _____

Authorizing Agent: _____ Signature: _____ Date: _____

Authorizing Agent: _____ Signature: _____ Date: _____

Authorizing Agent: _____ Signature: _____ Date: _____

Funeral Director: _____ Signature: _____ Date: _____