# DELEGATION OF CREMATION AUTHORIZATION AUTHORITY

711.002 - DELEGATION OF CREMATION AUTHORIZATION AUTHORITY

(a) An authorizing agent may delegate to a representative in writing the authority to execute a cremation authorization form.

(b) An authorizing agent's written delegation of authority must be notarized and include:

1. The name and address of the authorizing agent and the relationship of the authorizing agent to the deceased person;
2. The name and address of the representative; and
3. An acknowledgment by the authorizing agent that the representative may serve as the authorizing agent and execute the cremation authorization form.

(c) A crematory establishment is not liable in a civil action for relying on a cremation authorization form executed by a representative of the authorizing agent to whom authority is delegated in accordance with this section.

I, _____, bearing the relationship of _____to the deceased _____, do hereby delegate _____, residing at _____ in the City of _____, State of _____, zip code _____, whose telephone number is ( _____ ) _____, as my representative to control all aspects of disposition for _____, including the authorization of cremation and final disposition of cremated remains. All decisions made by my representative shall be binding, and both my representative and I agree to indemnify and hold Aldine Funeral Chapel and the Crematorium used, as well as their officers, agents, and employees harmless from any and all claims, demands, causes or causes of action, and suits of every kind and nature and description in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connect with this authorization, or any other action performed by Aldine Funeral Chapel, the Crematorium, their officers, agents or employees with regards to such authorization, including cremation.

_____ Date Signed: _____

*SIGNATURE of Authorizing Agent*

Printed Name: _____ Phone: (_____) _____

Address: _____

State of _____ §

County of _____ §

SUBSCRIBED AND SWORN TO before me, a notary public, by _____, known or proven to me to be the person whose name is subscribed to the above statement this _____ day of _____, 20_____.

_____

Notary Public

(seal)

Printed Name - _____

My commission expires _____