

ALDINE FUNERAL CHAPEL

9504 Airline Drive ❖ Houston, Tx 77037
(281) 591-6055 ❖ www.aldinefuneral.com

AUTHORITY REGARDING CREMATED REMAINS

The undersigned hereby requests and authorizes Aldine Funeral Chapel to arrange for the following alternate delivery, which may or may not utilize transportation by public carrier, of the cremated remains of _____ who died on _____ at _____ and certifies and represents that he or she has the right to make such authorization and agrees to hold the funeral home harmless from any liability on account of such authorization and cremation.

SIGNATURE OF RELATIVE OR LEGAL REPRESENTATIVE

PRINTED NAME

STREET ADDRESS/CITY/STATE/ZIP CODE

RELATIONSHIP

(AREA CODE) PHONE NUMBER

DATE SIGNED

DELIVERY TO ANOTHER PERSON

The undersigned hereby authorizes delivery of the above described cremated remains to _____.

The undersigned certifies and represents that he or she has the full power and right to make such authorization. The undersigned hereby agrees to assume any and all liability for costs or damages should any litigation arise because of such delivery and to release Mainland Crematory, Inc. and the funeral home from any and all liability that may attach hereto by reason of said delivery to the party named above.

SIGNATURE OF RELATIVE OR LEGAL REPRESENTATIVE

DATE SIGNED

AUTHORITY TO SHIP

The undersigned hereby authorizes crematory and/or funeral home to deliver the above described cremated remains via U.S. Postal Service, local courier company, or by scheduled airline service and agrees to assume all liability for damages that may arise from any cause growing out of delivery, and to indemnify and hold harmless the funeral home/funeral director from any and all claims related to said shipment.

SIGNATURE OF RELATIVE OR LEGAL REPRESENTATIVE

DATE SIGNED

FUNERAL DIRECTOR

Aldine Funeral Chapel
FUNERAL HOME NAME

(281) 591-6055
(AREA CODE) PHONE NUMBER

DATE CREMATED

CREMATION NUMBER