



*walker & walker*  
funerals and cremations

Thank you for choosing Walker & Walker funerals and cremations to care for your loved one. We have created a checklist to help complete the paperwork needed to perform cremation services. If you have any questions, please don't hesitate to give us a call and we will be happy to guide you through the process.

**Please complete the following documents and return via email  
info@walkerandwalkerfh.com or fax 888-903-7353 as soon as possible.**

- 1. **Pricelist** - First download and review our cremation price list from website: urns, and cremation packages.
- 2. **Authorization to Embalm** - Sign and date the section (If NOT embalming).
- 3. **Disclosure** - Complete top portion, sign and date bottom of this form showing that we have disclosed 2020 pricing: general pricelist, and urn pricelist.
- 4. **Death Certificate** - This is a legal document that will be filed with the state of Texas. It needs to be completed neatly and correctly. (processing time 4-6 wks)
- 5. **Cremation Authorization Form** - Complete the top, and middle sections, and initial pacemaker section where appropriate.
- 6. **Obituary Form** - Only complete if an obituary is desired for website or print.
- 7. **Online Permission** - This form gives us permission to put your obituary online, and on social media: Facebook, Twitter, and Instagram.
- 8. **Funeral Purchase Agreement** - This agreement will be sent after purchased items are selected and calculated. This form will also need to be signed and returned.
- 9. **Assignment of Policy** - The assignment of policy will need to be completed and notarized if you're using an insurance policy or policies for payment.

323 W. Chestnut St. · Grapeland, Texas 75844  
phone: 936.687.2255 · fax: 888.903.7353  
info@walkerandwalkerfh.com · walkerandwalkerfh.com

# AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment: Walker & Walker Funeral Home

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 contractors 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.



**(If embalming for open-casket viewing)** \_\_\_\_\_

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 the 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:	_____
Relationship to Deceased:	_____
Time: _____ a.m or p.m.	Date: _____
Received by:	_____

**If no authorization can be obtained, complete the following:**

I hereby acknowledge that Walker & Walker Funeral Home 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.



**(If NOT embalming)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CREMATION DISCLOSURE-DISCLAIMER FORM

The Federal Trade Commission's Funeral Industry Practices RULE requires certain disclosures and prohibits misrepresentations. This Disclosures/Disclaimer Form is a checklist we ask those we serve to read and sign if during the funeral arrangements our firm complied with the following:

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of funeral and/or final disposition of body: \_\_\_\_\_

1. The undersigned received a General Price List effective on : July 1, 2023 prior to discussing prices, services, or merchandise.
2. The undersigned received a Urn Price List effective on : July 1, 2023 prior to viewing or discussing prices or caskets.
3. 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.
4. The undersigned were not told that any law requires embalming for direct cremations, immediate burial, or if refrigeration is available and the funeral is without viewing or visitation.
5. The undersigned were informed that the law does not require a casket for direct cremation.
6. The undersigned were informed that the law does not require the purchase of an outer burial container.
7. The funeral home made no representations to the undersigned embalming or the use of any merchandise available for the funeral home would delay the decomposition of the remains for a long time or indefinite time.
8. 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, express or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, extended by the manufacturers of the goods. No other warranties, including the implied warranties of the merchantability or fitness for a particular purpose are extended by the funeral home.

Done this \_\_\_\_\_ day of \_\_\_\_\_

Witnessed

Person(s) making final arrangements

\_\_\_\_\_  
Funeral Director/Funeral Firm Provider      License #

\_\_\_\_\_  
Signature of Purchaser      Relationship

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Purchaser      Relationship

\_\_\_\_\_  
Signature of Purchaser      Relationship

# VITAL INFORMATION FOR DEATH CERTIFICATE

## TYPE OR PRINT CLEARLY

1. LEGAL NAME OF DECEASED (First, Middle and Last Name)		(Maiden)	2. DATE OF DEATH - <u>ACTUAL OR PRESUMED</u>	
3. SEX	4. DATE OF BIRTH	5. AGE-LAST BIRTHDAY (YEARS)		6. BIRTHPLACE (City & State or Foreign Country)
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (First, Middle and Maiden Name)	
10a. RESIDENCE STREET ADDRESS		10b. APT NO	10c. CITY OR TOWN	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?	
11. FATHER'S NAME (First, Middle and Last Name)			12. MOTHER'S NAME (First, Middle and Maiden Name)	

### 13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURED IN HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		IF DEATH OCCURED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (If outside city limits, give precinct no)		16. FACILITY NAME (If not institution, give street address)	
17. INFORMANT'S NAME (First, Middle and Last Name) & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				
20. PLACE OF DISPOSITION (Name of cemetery or other place)		21. LOCATION (City/Town, and State)		
22. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		23. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the «No» box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish, Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, <input type="checkbox"/> Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		24. DECEDENT'S RACE (Check the one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian, or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ Other (Specify) _____
25. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)			28. TYPE OF BUSINESS/INDUSTRY	
29. NAME OF PHYSICIAN IF DECEASED WAS IN <u>HOSPITAL, NURSING HOME, HOSPICE FACILITY</u>				
30. NAME OF JUSTICE OF PEACE/MEDICAL EXAMINER IF DEATH OCCURED AT HOME, AND/OR INVESTIGATION ON THE BASIS OF EXAMINATION				

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE**

**SIGNATURE:**

**DATE:**

# CREMATORY

672 FM 980 • Huntsville, TX

## Cremation Authorization Form

### IDENTIFICATION

Name of Decedent \_\_\_\_\_

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Was the death caused by an infectious or contagious disease? \_\_\_\_\_

If yes please explain: \_\_\_\_\_

**PLEASE NOTE: \_\_\_\_\_ CREMATORY STRICTLY ADHERES TO THE GUIDELINES SET FORTH IN TEXAS VERNON'S CODE. NO EXCEPTIONS WILL BE GRANTED OR ALLOWED.**

<p><i>Vernon's</i> <b>TEXAS CODES</b> <b>ANNOTATED</b> ~~~~~ <b>VOLUME 5</b> <b>HEALTH AND SAFETY CODE</b> <b>Section 671 to End</b> <b>1994</b> <b>Cumulative Annual Pocket Part</b> Insert this 1994 Pocket Part in back of volume <i>For Use In 1993-1994</i></p> <p><small>Includes Law through 1993 Regular Session of the Legislature Court Construction through 296,W,2d 615</small></p>	<p><b>711.002. Disposition of Remains; Duty to Inter</b></p> <p>(a) Unless a decedent has left directions in writing for the disposition of the decedent's remains as provided in Subsection (g), the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, and are liable for the reasonable cost of interment:</p> <ol style="list-style-type: none"> <li>(1) the person designated in a written instrument signed by the decedent.</li> <li>(2) the decedent's surviving spouse;</li> <li>(3) any one of the decedent's surviving adult children;</li> <li>(4) either one of the decedent's surviving parents;</li> <li>(5) any one of the decedent's surviving adult siblings; or</li> <li>(6) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.</li> </ol>
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### LIMITATIONS OF LIABILITY

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless \_\_\_\_\_ **Crematory**, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to \_\_\_\_\_ **Crematory**, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explicable implants, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by \_\_\_\_\_ **Crematory**. Its officers, agents, employees, pursuant to this authorization, excepting only acts of willful negligence.

### SIGNATURE OF AUTHORIZING AGENT

**THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. . . READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

By executing this Cremation Authorization Form, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained n this form are true and correct, that these statements were made to induce \_\_\_\_\_ **Crematory** to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Name \_\_\_\_\_ Signature X \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

### PACEMAKERS, PROSTHESES AND RADIOACTIVE IMPLANTS

Please initial one of the next two paragraphs.

The decedent's remains do not contain a pacemaker, radioactive implant or any other device that could be harmful to the crematory. They are safe to cremate.

The following list contains all existing devices (including all mechanical, radioactive implants and prosthetic devices) which are implanted in or attached to the decedent, that should be removed prior to cremation.

\_\_\_\_\_

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent.

X Erinn Walker-Demery  
Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s)

**Walker & Walker**  
Name of Funeral Home or Other Establishment  
**323 W. Chestnut St, Grapeland, TX 75844**  
Name of Funeral Home or Other Establishment  
**936-687-2255**  
Phone #

Date of cremation \_\_\_\_\_  
Date cremation received \_\_\_\_\_  
Signature of person picking up remains  
X \_\_\_\_\_  
Relationship \_\_\_\_\_

# OBITUARY FORM

**Please neatly complete the following information**

Deceased Name: \_\_\_\_\_

Obituary Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

## SURVIVORS

Son(s) and Spouses & Town of Residence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daughter(s) and Spouses & Town of Residence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brother(s) and Spouses & Town of Residence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sister(s) and Spouses & Town of Residence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents, if Living: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





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info@walkerandwalkerfh.com · walkerandwalkerfh.com

Date: \_\_\_\_\_

Family of: \_\_\_\_\_

RE: Online Permission: Walker & Walker Website, Facebook, Instagram, and Twitter

We would like to thank you for choosing our Family Owned and Operated Funeral Home for the service of your loved one. We would like your written permission to include your love one's obituary online on our website [www.walkerandwalkerfh.com](http://www.walkerandwalkerfh.com), Facebook, Instagram and Twitter.

We will not include your love one's obituary on these social media sites without written permission from the family. Our online obituary includes a picture, brief bio, date and time of services and notes of support to family from friends. The online obituary is created to give family and friends the information needed for the service; and the opportunity to share the obituary with those who are unable to attend the service.

Thanking you in advance for your cooperation in reference to our online obituary.

Sincerely,

Erinn Walker-Demery

Funeral Director

SIGNATURE OF PERSON GIVING PERMISSION: \_\_\_\_\_

PRINTED NAME OF PERSON GIVING PERMISSION: \_\_\_\_\_