

Instructions

- Fill in the Vital Statistics Worksheet on the next page.
 - Type right on the screen if you prefer.
 - This will pre-fill the rest of the pages.

- Pages 3 – 4:
 - Sign/complete the places designated by a bold arrow

- Send us the completed documents
 - Fax to 1-888-281-0550
 - or**
 - Scan/Email to care@IntegrityFuneral.com
 - or**
 - Call 713-344-0764 to set up an in-person appointment



Death Certificate Information

Full Legal Name: _____ Maiden Name: _____
Date of Birth: _____ Birthplace (city, state): _____
Social Security #: _____ Father's Name: _____
Residence Address: _____ Mother's Name: _____
City: _____ Mother's Maiden Name: _____
County: _____ Marital Status: Married Widowed Divorced
State: _____ Never Married Unknown
Zip: _____ Spouse's Name: _____
Inside city limits? Yes No Spouse's Maiden Name: _____

Additional (optional) Information

Veteran? Yes No Highest Education: _____
Race: _____ Main Occupation: _____

Person Making Arrangements

Name: _____ Relationship: _____
Address: _____ Main Phone: _____
City: _____ Alt. Phone: _____
State: _____ Email: _____
Zip: _____

If Known

Cremation Date of Death: _____
Burial Place of Death: _____
Ship Out of State Pacemaker present? Yes No
How many total Death Certificates will you need? _____

If Disposition is Cremation

* After the cremation takes place, our wishes for the cremated remains are as follows:

- _____ The family (or the individual(s) named below) will pick up from Integrity Funeral Care.
Others authorized to pick up: _____
_____ Integrity Funeral Care will deliver to a Houston-Area address. (Additional charges apply)
_____ Integrity Funeral Care will ship via USPS Priority Express Mail with Signature Confirmation. (Additional charges apply)
_____ Integrity Funeral Care will store the cremated remains and arrange for disposition at a later time. (Additional charges apply)



STATEMENT OF AUTHORIZATION AND IDENTIFICATION

Name of Decedent _____ Date of Death _____

As Authorizing Agent(s), I/We hereby certify that I/We:

- Have charge of the remains of the decedent named above, and, as such, possess full legal authority and power, according to the laws of the State of Texas, to authorize and arrange for the disposition of his/her remains.
• Accept full responsibility and liability for any and all damages resulting from executing this authorization.

I/We here request and authorize Integrity Funeral Care (Texas Funeral Establishment License # 3530) to take possession of, and to make arrangements for the final disposition of, the remains of the decedent named above by manner of: Burial Ship Out of State.

I/We know of no objection to this manner of disposition by any spouse, child, parent, sibling, or other individual with the same or higher legal rights as myself.



IDENTIFICATION: I/We choose to view NOT to view the remains prior to the disposition.

CEMETERY where burial will take place:

Cemetery Name: _____

City / State: _____

Additional Information for TRANSFER/SHIPPING:

Destination Airport/City: _____

Funeral Home or Agent that will pick up at the airport:

Name: _____ Phone: _____

Address: _____



SIGNATURE(S) OF AUTHORIZING AGENT(S)

Table with 4 columns: SIGNATURE, PRINTED NAME, RELATIONSHIP, DATE. Two rows of blank lines for entry.

FUNERAL DIRECTOR _____ DATE _____



Texas Funeral Service Commission Form 10.1.01b

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Decedent _____ Date of Death _____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes **Integrity Funeral Care (Texas Funeral Service Commission Establishment No. 3530)** 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. **Integrity Funeral Care** 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 **Integrity Funeral Care**, 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 you authorize 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 **Integrity Funeral Care** 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.

Times contact with family attempted: _____

Signature of Embalmer

License Number

Date

Time

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 you **DO NOT** authorize embalming)

Signature

Date