

**Burial or Cremation Assistance Registry Application**

**Form 1017**

January 2018-E

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| Organization |

Indicate organization type:

 

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| --- | --- | --- |
| Mailing Address | | |
| Area Code and Telephone No. | Website | Email Address |
| Contact person | | |
| Contact person's title | | |

Willing to provide (check all that apply):







This organization requests placement on the Burial or Cremation Assistance Registry. I certify that this organization is willing to provide financial or other assistance for the transportation, cremation, or burial of embryonic or fetal tissue remains under Health and Safety Code §697.005 and 25 Texas Administrative Code §138.8. I acknowledge that this application will be disapproved if I fail to provide required information or provide false information. I acknowledge that the information I provide will be placed in a registry and will be released upon request. I understand that an organization may be removed from the registry at the sole discretion of the Texas Health and Human Services Commission if the organization fails to provide the services for which it was placed on the registry. I affirm that I have the authority to submit this form on behalf of my organization.

Printed name and title



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| --- |
| /s/  Signature  I understand that entering my name here constitutes a legal electronic signature confirming that I acknowledge the above statement. |

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| Click here to enter a date.  Date |

Please email the completed [form to Chapter697Registry@hhsc.state.tx.us](mailto:Chapter697Registry@hhsc.state.tx.us)