

**Burial or Cremation Assistance Registry Information Request**

**Form 1018**

January 2018-E

|  |
| --- |
| Requestor |
| Authorized Agent for |

Indicate requestor type:





|  |
| --- |
| Physical Address |
| Email Address |

I request that the Texas Health and Human Services Commission (HHSC) provide me or my office at the email address listed above with Burial or Cremation Assistance Registry information that HHSC maintains.

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

**Disclaimer:** The information you are requesting is maintained by HHSC pursuant to Health and Safety Code §697.005 and 25 Texas Administrative Code §138.8. HHSC cannot answer any questions regarding registrants and is not responsible for any promises or offers made by registrants. Names on the registry may change without warning. The current registry list will be provided at the time of receipt of the request.

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