



# Office of Justice of the Peace Clay County, Texas

## Cremation Authorization Request Policy

**Cremation requests will only be considered for cases where an inquest was conducted by the Clay County Justice Court in Clay County, Texas.**

In accordance with §716.004 of the Texas Health and Safety Code, the following policy has been adopted by this court to request cremation of human remains within the 48-hour period following the time of death indicated on the death certificate.

Requests for a waiver of the 48-hour waiting period for cremation shall be submitted by completing the Cremation Authorization Request form below and submitting the form to [JPCOURT@co.clay.tx.us](mailto:JPCOURT@co.clay.tx.us). Please put "Attention Judge" in the subject line of the email.

If circumstances do not permit emailing the form, the Cremation Authorization Request Form may be hand delivered or mailed to the office at 214 N. Main Street, Henrietta, Texas, 76365. Normal hours for operations are 8:00 AM until noon, Monday through Friday and 1:00 PM until 5:00 PM Monday through Thursday. The Court closes to the public at 4:00 PM on Fridays.

The request must include all required information. It is required that a call to the office (940.538.6531) be made following the submission to ensure receipt.

For requests made after business hours, the requestor should contact the Clay County Sheriff's Office (940.538.5611) and request the Judge to contact the requestor to ensure delivery.

**Signed and Effective this the 8th day of February, 2024.**

A handwritten signature in blue ink that reads "Lanny R Evans".

Lanny R Evans, Judge  
Justice Court, Clay County, Texas





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## Cremation Authorization Request Form

Date of Request \_\_\_\_\_ Time of Request \_\_\_\_\_

Requester Name: \_\_\_\_\_

Requester Email Address: \_\_\_\_\_

Requester Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Funeral Home or Crematory \_\_\_\_\_

City/State \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ a.m./p.m.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_