

Permit No. _____
Crematory No. _____

CREMATION AUTHORIZATION

The undersigned hereby request and authorizes, Funeral Home and the Crematory in accordance with and subject to it's rules and regulations as well as those of the State of Florida, to cremate the remains of _____ who died on _____ and hour _____ M. and that said remains are placed in a corrugated container or other type container as specified: _____.

The undersigned hereby authorizes the funeral home to dispose of said cremated remains as indicated below and understands that pursuant to Florida law that if final disposition of the cremated remains has not taken place within 120 days, then this instrument shall constitute full and complete authority for said funeral home or crematory to dispose of the cremains.

_____ Mail the cremains to _____ via registered mail and agrees to assume all liability for any damages that may arise from any cause of said deliver and to indemnify and hold harmless the funeral home or crematory from any and all claims related to said shipment. Our fee for mailing cremains are \$ _____.

_____ Inter the cremains in _____ Cemetery. The cemetery may have a charge for this service and you agree to pay for such charge by time of interment.

_____ Scatter cremains in the Gulf of Mexico by boat or plane or other location _____. Our fees for this service are \$ _____.

_____ Store the cremains for _____ months. Our charges for this service are \$ _____ per month.

_____ Return the cremains to the family in minimum container or place in _____ Urn.

Visual Identification Required **Time of ID** _____ **M.** **Date of ID** _____ **Day** _____

Place of ID Crematory _____ Video ID _____ Chapel _____ Other _____

Printed Name of Identifier _____

Signature of Identifier _____

Signature of Crematory Operator Verifying ID _____

View Cremation Yes No Contact Name _____ Phone _____

Tissue Donation: By saying yes, you make a decision that can positively affect the lives of nearly 100 other people. We must complete donation within 24 hours of death.

Request Donation Yes No Contact Name _____ Phone _____

_____ Cremation will be completed within five business days of positive ID, expiration of 48 hours from time of death, all authorizations being completed and/or signed and contract paid in full.

I/We agree to hold the funeral home and crematory, it's servants and employees blameless and harmless, from any and all liability whatsoever; also for any loss or damage to said cremated remains, occasioned by act of God, common enemy, theft, strikes, riots, vandals, order of Military of Civil Authority and for any other act beyond our control.

Some heart pacemakers can be dangerous when placed in a cremation chamber. If the crematory does not receive proper notice, the family shall be responsible for any damages resulting and crematory will not be responsible or accept any liability under those circumstances. The above mentioned remains does ____ or does not ____ have a pacemaker.

I/We have read this authorization carefully before signing and swear that all the above statements are true. I/We represent and certify that the right to make such authorization as related to the deceased as _____.

Signed _____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

Witness _____ Date _____

Signature of person receiving cremains or making final disposition _____

Date _____

Print Name _____

Phone Number _____