

**CREMATION AUTHORIZATION** Permit No. \_\_\_\_\_ Crematory No. \_\_\_\_\_

The undersigned hereby request and authorizes, Funeral Home and the Crematory in accordance with and subject to its 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 by scatter over the Gulf of Mexico.
- \_\_\_\_\_ 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.

Initial \_\_\_\_\_ (if same name as below)

**Identification Viewing Authorization and Procedure**  
**NOT A PUBLIC VISITATION without EMBALMING**

Identification viewing is for the purpose of positive visual ID, by no more than 1-2 family members for no more than 5-10 minutes within 24 hours of death without embalming. ID viewing should not be considered (or be allowed) to replace the traditional public service viewing. Florida Statue 47 0.002-6 refers to embalming for preservation, disinfection and public protection. If a traditional public viewing is requested, embalming and the additional cost should be discussed with your funeral director. If this Policy is violated (by having several people attend or past 24 hours) the ID will be cancelled and you will be asked to reschedule after meeting with the Funeral Director to make the necessary arrangements.

Initial \_\_\_\_\_ (if same name as below)

**POSITIVE IDENTIFICATION**

The undersigned, having viewed the remains, does hereby identify the body as the above named deceased. Ample time has been given the undersigned to assure proper identification prior to the execution of this document, and, by signing name; the undersigned acknowledges that there is no doubt or question about this identification. The undersigned assumes all liability for mistaken identification or incorrect identification and does hereby agree to indemnify and hold Brewer & Sons Funeral Homes, its officers, agents and employees, harmless from any and all claims, suits or causes of action, including a reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of the identification and request for cremation and disposition of the remains.

Place of ID \_\_\_\_\_ Time of ID \_\_\_\_\_ .M. Date of ID \_\_\_\_\_  
Name (if Different from Below) \_\_\_\_\_ Signature \_\_\_\_\_

Initial \_\_\_\_\_ (if same name as below)

**RENTAL CASKET DISCLOSURE**

I/we have rented a casket from Brewer & Sons for use during the period of the funeral for (Above Named Deceased) the arrangements for which I/we made. I/we have seen the casket and find it to be satisfactory for our needs. I/We understand this rental casket may have been used previously. Also it will be reclaimed by the above-named funeral home immediately prior to the final disposition of the remains of the above-named deceased. I/we hereby authorize the above-named funeral home to use an alternative container which I/we have selected for the final disposition of the body.

Initial \_\_\_\_\_ (if same name as below)

**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 \_\_\_\_\_

Initial \_\_\_\_\_ (if same name as below)

**COMPLETION OF CREMATION AND PERSONAL PROPERTY RELEASE**

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. All personal property left with deceased will be cremated. The Family does hereby release, acquit and forever discharge Brewer & Sons, and all shareholders, officers, directors, and assigns thereof, and all other persons who are or might be liable in any way from any and all claims, actions, causes of action, demands, rights, damages, costs, expenses and compensation of whatsoever kind or nature related to the personal property item(s) which the undersigned may hereafter accrue on account of the disposition of the personal property item(s).

View Cremation Yes  No  Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Initial \_\_\_\_\_ (if same name as below)

**INDEMNIFICATION**

I/We agree to hold the funeral home and crematory, its 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.

Initial \_\_\_\_\_ (if same name as below)

**PACEMAKER/REMOVAL**

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 and authorize removal and disposal.

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 \_\_\_\_\_ # \_\_\_\_\_ of required Signatures. (i.e. 4 children/siblings)

(Signed) _____	(Date) _____	(Relationship to deceased) _____
(Signed) _____	(Date) _____	(Relationship to deceased) _____
(Signed) _____	(Date) _____	(Relationship to deceased) _____
(Signed) _____	(Date) _____	(Relationship to deceased) _____
(Signed) _____	(Date) _____	(Relationship to deceased) _____
Witness _____	Date _____	Relation _____

Signature of person receiving cremains

Date

Phone Number