

FORBES FUNERAL HOME

409 West Macclenny Avenue
Macclenny, Florida 32063

Ph: (904) 259-4600
Fax: (904) 259-4601

CREMATION AUTHORIZATION

The undersigned hereby requests and authorizes Forbes Funeral Home, in accordance with the laws for the State of Florida to cremate the remains of _____ (name of Deceased) who passed away on the _____ day of _____ (month and year) at _____ (place of death) and to have the cremated remains to particles of uniform size. The undersigned certifies and represents that he or she has the right to authorize this cremation and agrees to hold Forbes Funeral Home harmless from all liability and expense including attorneys' fees that may incur as a result of its compliance with the request.

The undersigned assumes all responsibility for the cremation of the afore-mentioned remains and authorizes Forbes Funeral Home to make arrangements for said cremation.

Signature of Next of Kin/Legal Representative

Relationship/Authority to sign

Address

The undersigned hereby requests and authorizes Forbes Funeral Home to return the cremations to the family members/persons designated below.

CREMAINS CAN ONLY BE RETRIEVED BY:

Signature of Next of Kin/Legal Representative

Signature of Funeral Director