

AUTHORIZATION FOR CREMATION AND DISPOSITION

Request for Cremation

Undersigned have requested of and contracted with **Merritt Funeral Homes** and the **Merritt Crematory** (the "Crematory") to cremate and dispose of the human remains of: _____ (the "Decedent") who died at _____ on _____, hour _____ M. in accordance with and subject to the Crematory's regulations and Florida law.

Legally Authorized Persons

Undersigned understand that Florida law requires the Crematory to receive written authorization for cremation from a legally authorized person and certify that they qualify as such in the manner noted below. **Furthermore, they represent that the Decedent did not give directions that his or her human remains not be cremated, nor are they aware of any objections to the cremation of the Decedent's human remains by others in the same class of person listed below as the undersigned or of any person in a higher priority class.**

Check & Initial Applicable Box:

- ____ Undersigned is making this authorization for **himself or herself**.
- ____ Undersigned is the **surviving spouse** of the Decedent.
- ____ Undersigned are the **surviving children** (total #: _____) of the Decedent who are 18 years of age or older with there being no surviving spouse.
- ____ Undersigned are the **surviving parents** (total #: _____) of the Decedent with there being no surviving spouse or children.
- ____ Undersigned are the **surviving brothers and sisters** (total #: _____) of the Decedent who are 18 years of age or older with there being no surviving spouse, children, or parents.
- ____ Undersigned are the **surviving grandchildren** (total #: _____) of the Decedent who are 18 years of age or older with there being no surviving spouse, children, parents, or siblings.
- ____ Undersigned are the **surviving grandparents** (total #: _____) of the Decedent with there being no surviving spouse, children, parents, siblings or grandchildren.
- ____ Undersigned are the **surviving next of kin of closest degree** to the Decedent as with there being no surviving spouse, children, parents, siblings, grandchildren, or grandparents.
- ____ Undersigned is the **guardian** of the Decedent at the time of death and can serve as the legally authorized person since either no family exists or is available (attached is a copy of the court appointment).
- ____ Undersigned is the **nominated personal representative** of the Decedent's estate and can serve as the legally authorized person since either no family exists or is available (attached is a copy of such Will).
- ____ Undersigned is the **attorney-in-fact or health care surrogate** of the Decedent at the time of death and can serve as the legally authorized person since either no family exists or is available (attached is a copy).
- ____ There are no surviving persons as listed above and I am a **friend or other person** willing to assume the responsibility as the authorized person.

Identification of Human Remains

Check and Initial Appropriate Box:

- ____ There will be a public or family viewing of the Decedent, so no identification is required.
- ____ Since no public or family viewing of the Decedent is to occur, Undersigned designates the following individual to view the Decedent for proper identification purposes at the Merritt Crematory, 2 South Lemon Avenue, Brooksville, Florida 34601.
Name: _____ Phone: (_____) _____ Date/Time: _____
- ____ Undersigned waive their right to confirm the identification of the human remains that were transferred to the Crematory as the Decedent and agree to indemnify and hold the Crematory harmless from any and all damages, costs or expenses (including reasonable attorneys' fees) incurred from such failure to correctly identify.
- ____ The deceased died at home in the presence of family or friends who properly identified the remains.

Body Identification: I certify that the human remains shown to me on this date are the human remains of the Decedent.

Date Identifying Individual's Signature Print Name Crematory Witness

Witness of Cremation Process

Check and Initial Appropriate Box:

- ____ The undersigned has elected not to witness the initiation of the cremation process and grants the crematory permission to proceed with the cremation process, at their earliest convenience, upon receipt of all approvals. The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process.
- ____ The undersigned requests to witness the initiation of the cremation process at the Merritt Crematory, 2 South Lemon Avenue, Brooksville, on the day and time noted:
Date/Time: _____
The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process and may result in a delay in scheduling the cremation process.

Implanted Devices

Mechanical devices, implants, prosthesis and certain nuclear medicine residues in the Decedent may create a hazardous condition when subject to intense heat. The Crematory may not cremate human remains which contain certain implants or if the Decedent was previously treated with Strontium-89. The Undersigned authorize the Crematory to remove and dispose of (in a non-recoverable manner) any pacemakers, defibrillators or other implanted items listed below. Any other devices implanted or attached to Decedent which Undersigned desires back must be removed prior to the cremation process by Undersigned or their designated agent at their expense as Crematory is unable to do so.

____ Implanted Device(s): _____

Explanation of Cremation Process

Florida law requires that three conditions be met before a cremation can take place: (1) 48 hours has expired from the time of death, (2) Legally authorized person has given written permission, and (3) Medical Examiner's office has approved the cremation. Once these conditions have been met, the Crematory will perform the cremation as soon as scheduling permits but no later than three (3) business days from such date. The Crematory will place the casket or container encasing the Decedent's human remains **individually** into the cremation chamber where it will be subject to intense heat and flame reaching temperatures of approximately 1600 to 1800 degrees Fahrenheit. After a typical time period of 1 to 3 hours, all substances are consumed except bone fragments (calcium compounds) and metal (such as hinges, latches, dental implants, prosthesis, etc.), as the temperature is not sufficiently high enough to consume them. Accordingly, any such items which are left with the Decedent and not removed from the casket or container will be destroyed or will otherwise not be recoverable.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory takes all reasonable steps and uses its best efforts to remove all of the cremated remains, but it is impossible as some dust and other residue is always left behind. Due to this fact, inadvertent or incidental commingling of minute particles of cremated remains from the residue of a previous cremation is a possibility during the cremation process or the processing stage (as described below) and the Undersigned understands and accepts this fact.

Following retrieval of the cremated remains from the cremation chamber, all non-combustible materials that were not removed prior to the cremation process will be separated and removed from bone fragments by visible or magnetic selection and disposed of by the Crematory in a non-recoverable manner. The bone fragments are then mechanically processed or pulverized into uniform particles to permit placement in the selected urn container for disposition as indicated. **Initials:** 1. ___ 2. ___ 3. ___ 4. ___ 5. ___

Cremation Containers

Florida law requires that all containers or caskets used for cremation contain only permissible levels of chlorinated plastic; constructed of readily combustible material; able to close to completely cover the human remains; resistant to leakage or spillage; rigid enough for handling with ease; and able to provide for the health, safety and personal integrity of the public and crematory personnel. The Crematory reserves the right to reject a cremation container it determines not to be in compliance with the law and to remove and discard any handles or other objects which are non combustible. The urn container used to hold the cremated remains should have a minimum volume of 200 cubic inches.

Selected Containers:
Cremation Container/Casket: _____ Urn Container: _____

DNA Preservation

- ___ **ACCEPT.** Undersigned authorizes Crematory to perform retrieval of a DNA sample for delivery, processing and preservation (storage) by an approved provider.
- ___ **DECLINE.** Undersigned has elected to decline retrieval of a DNA sample for delivery, processing and preservation (storage) by an approved provider. Undersigned further acknowledges that DNA retrieval will NOT be possible once the cremation process is performed.

Disposition of Cremated Remains

Undersigned authorize the Crematory to dispose of the Decedent's cremated remains as follows (check and initial one):

- ___ Release to any one of the following individuals:
(A) _____ (B) _____, or (C) _____ at: _____
- ___ Deliver by U.S. Postal Service (Registered/Return Receipt Mail) to: _____

Following proper delivery of the Decedent's remains to the Post Office, Undersigned releases the Crematory from any further responsibility or liability for delivery to the ultimate destination.

- ___ Deliver to the following local cemetery for placement in selected grave/niche: _____
- ___ Scatter in the Gulf of Mexico by Crematory at its convenience (cremated remains are non-recoverable).
- ___ Special Instructions: _____

DISPOSAL OF NON-CLAIMED CREMATED REMAINS: Pursuant to Florida law, if after a period of 120 days from the time of cremation the Decedent's cremated remains have not been claimed, the Crematory is authorized to dispose of such cremated remains at any time thereafter in any manner it deems suitable, including scattering in the Gulf of Mexico in a non-recoverable manner. **Initials:** 1. ___ 2. ___ 3. ___ 4. ___ 5. ___

By execution of this form below and initials where appropriate, Undersigned warrant that all representations and statements contained in this form are true and correct, and that the statements are being relied upon by the Crematory. Undersigned agree to indemnify and hold the Crematory harmless from any claim, liability, cost or expense resulting from its reliance on or performance consistent with such directions, representations, authorizations and agreements.

SIGNATURE*	ADDRESS & TELEPHONE	RELATIONSHIP	ID
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

* This document may be executed in any number of counterparts, each of which shall be deemed an original. Each party may execute a facsimile counterpart signature page to be followed by an original counterpart. Each such facsimile counterpart shall constitute a valid and binding obligation of the signing party. If the authorizing agent does not personally appear before a Crematory agent, Notarization is required.

State of _____ County of _____ Date _____
Before me, a Notary Public in and for said County and State, personally appeared _____ who executed this document and was known by me personally or presented me a copy of his/her driver's license (copy attached) or the following proof of identification (copy attached).

SEAL/STAMP

Notary Public _____ My Commission Expires: _____

Crematory Representative: _____ Date: _____ Chapel: _____

Receipt of Cremated Remains

The Undersigned acknowledges receipt of the Decedent's cremated remains along with attached Certificate of Cremation.

Signature Date Identification Presented Witness
WHITE: Crematory YELLOW: admin. File PINK: Family Copy