

Hadley Davis Funeral Home

Deceased Vital Information



HADLEY DAVIS
FUNERAL HOME

Deceased Name: _____

Service Time: _____

Service Date: _____

Church Name: _____

Church Address: _____

Hadley Davis Funeral Home

DECEDENT INFORMATION

Decease Name: _____

Date of Death: _____ Date of Birth: _____ Sex: _____

Social Security: _____ Age: _____

Birth Place: _____

Place of Death: _____

Facility Name: _____

Location of Death: _____

County Of Death: _____

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY

Marital Status: _____ Spouse Name: _____

If Female Maiden Name: _____

Residence Address: _____

City: _____ State: _____

County: _____

Occupation: _____

Race: _____ Hispanic: _____ or Haitian: _____

Education: _____ Ever In U.S. Armed Forced: _____

Deceased Vital Information

PARENTS AND INFORMANT INFORMATION

Father: _____

Mother Maiden: _____

Informant Name: _____

Relationship: _____

Informant Address:

Phone: _____ Cell: _____

Another Contact Person Name: _____

Cell _____

Place of Disposition:

Method of Disposition:

HADLEY DAVIS FUNERAL HOME, LLC

16505 NW 27TH Ave.
Miami Gardens, Florida 33054
P: (305) 816-6862
F: (305) 816-6712

AUTHORIZATION

I hereby designate the above-named funeral establishment to take charge of funeral arrangements for: _____, and I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming.

I represent that I am the next of kin, or am acting as an authorized agent for the next of kin.

Signed: _____

Relationship: _____

Co-Signed: _____

Relationship: _____

WITNESS:

DATE:

FOR VERBAL (TELEPHONE) AUTHORIZATION:

Authorization from _____

Relationship _____

Date _____ Time _____ Received by _____



Receipt of Cremated Cremations and Release of Liability

The undersigned hereby certify that they have the legal right to take custody of the herein names deceased and have full legal authority to make disposition of the cremated remains and hereby Acknowledge receipt of the cremated remains of:

NAME OF DECEASED: _____

The undersigned further assumes full responsibility for the lawful and proper disposition of said remains

Having full power and authority to grant this authorization, the undersigned, individually and collectively, do hereby agree to indemnify and do not hold Hadley Davis Funeral Home LLC, it's agents and employees from any and all liability, including mental anguish, reasonable attorney fees, and expense of litigation, against Any loss, it of any of them may sustain, in any way, in connection with the disposition of said Burial or Cremated remains. Furthermore, Hadley Davis Funeral Home LLC shall be held harmless from any defects or faults of any container not supplied.

Dated this _____ day of _____, 20____

Signature _____

Relationship to Deceased _____

Street address _____

City, State, Zip Code _____

Telephone Number _____



HADLEY DAVIS
FUNERAL HOME

Authorization to Transport Remains

This is your authorization to carry out our request to remove and transport the remains of the late:

(Name of Deceased)

We at Hadley Davis Funeral Home LLC make every possible effort to insure the safe arrival of all human remains to final destination regardless of the casket, urn, and/or temporary container used. However, we cannot assume any responsibility for the condition of the casket, urn and /or temporary container used when handled by third parties such as airlines, ground transportation, outside casket vendor, etc. Hadley Davis Funeral and Carrier shall not be liable for any loss or damage thereto or delay caused by an act of God, the public enemy, the authority of law, the act or default of Hadley Davis Funeral Home, the inherent nature or vice of the shipment, or compliance or noncompliance with delivery or special instructions. The Funeral transportation of the shipment is subject to availability of equipment and space therein.

The Funeral Home, and Carrier shall have the right to: 1. Substitute alternate carriers of other means of transportation, and 2. Select routing or deviate from that shown on the face hereof, bill of landing, or air bill, without the prior consent of the person making arrangements. It is for this reason that we require your signature below. Having full power and authority to grant this authorization, I individually and collectively, do hereby agree to hold the above named Funeral Home harmless, and indemnify it, its agents and assigns from any and all claims, including mental anguish, reasonable attorney fees, expenses of litigation, demands and damages which may be made or declared against Hadley Davis Funeral Home, by reason of removal and transportation of said remains.

(Signature)

(Relationship)

(Date)



HADLEY DAVIS
FUNERAL HOME

Authorization to Embalm and Prepare

Permission to Embalm: Yes ___ No ___ Person giving Authorization

I/We hereby authorize Hadley Davis Funeral Home, Including it agents And employees, to embalm, care for, and prepare for disposition, in accordance with its customary practices, the remains of

The late _____
(Name of Deceased) Nombre del Fallecido

I/We acknowledge and agree that this authorization permits the funeral home to use the service of independent embalmers, apprentices or student interns in connection with such embalming, care and preparation for disposition, provided that any person rendering such services is allowed to perform such work under applicable law. I/We further acknowledge and agree that the embalming, care and preparation for disposition authorized hereby may be performed at the funeral home's facility or at another facility equipped to provide such services. I/We represent that I / We agree to indemnity and hold harmless of funeral home, its affiliates and their agents and employees from any and all liability or claims, including attorney's fees and expenses of litigation, and mental anguish which may arise as a result of this authorization to embalm and prepare or any action takes in accordance herewith.

Signature of Next of Kin
Firma del Familiar mas allegado

Relationship
Imprima y Relacion

Date