



Lee County Cremation Services
3615 Central Avenue Suite # 6 Ft. Myers, FL 33901
AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING. CREMATION IS IRREVERSIBLE.
I hereby request, authorize and direct Lee County Cremation Services ("Company"), to arrange for Colonial Crematory ("Crematory") to cremate in accordance with and subject to Florida statutes and administrative rules and regulations the

remains of \_\_\_\_\_ ("deceased"), date of birth \_\_\_\_\_, social security # \_\_\_\_\_
date of death \_\_\_\_\_, time of death \_\_\_\_\_, place of death \_\_\_\_\_ and gender \_\_\_\_\_

The cremation will occur within 10 days of the date of death of above named deceased unless the cremation facility, having made good faith efforts in that period to obtain the following required authorizations, is unable by the end of that time to obtain same: (1) medical examiner approval for the cremation; or (2) signature of a physician on the death certificate as to cause of death. If the cremation is delayed due to delay in receiving the above identified required authorizations, the cremation will occur within 48 hours after the receipt of the aforesaid required authorizations.

DESCRIPTION OF CREMATION CONTAINER: \_\_\_\_\_ (if other describe) \_\_\_\_\_

DESCRIPTION OF URN: \_\_\_\_\_, Is urn Suitable for Shipping: [ ] Yes [ ] No [ ] Unknown

DISPOSITION OF CREMATED REMAINS

I direct that the cremated remains be disposed of as follows:

- [ ] Release to: \_\_\_\_\_
[ ] Deliver to: \_\_\_\_\_
[ ] Scatter at Sea by company or companies Agent
[ ] Ship U.S.P.S Reg. Mail to: \_\_\_\_\_ @ \_\_\_\_\_

Authorizations
Required

THUMBIE REQUEST: \_\_\_\_\_

DESCRIPTION OF MECHANICAL OR RADIOACTIVE DEVICE(S) \_\_\_\_\_

Personal items, prostheses, implants, dentures, dental fillings and bridgework may be destroyed and may not be recoverable following the cremation process. Items not destroyed and recoverable may be recycled or refined. I accept responsibility for removing any personal items from the remains prior to the cremation process. Mechanical and radioactive devices (pacemakers, etc.) may create a hazardous condition when placed into the cremation chamber. Crematory will not cremate any remains which contain any type of mechanical or radioactive device. I authorize the "Company" or Crematory to remove or to have removed from the remains any such devices prior to cremation and have them recycled or refined. I certify that the remains do not contain any type of mechanical or radioactive device or I have indicated the items above.

The remains must be cremated in a leak-resistant, rigid, combustible cremation container. Following cremation, the cremated remains, consisting primarily of bone fragments, will be processed and mechanically pulverized to an unidentifiable consistency. I acknowledge that some particles of the cremated remains may inadvertently become commingled with particles of other cremated remains during the cremation process, and I authorize Crematory to dispose of any such particles in any lawful manner.

1. I authorize "Company" and or Crematory to place the cremated remains in the urn or container provided as described above. In the event that the urn or container is insufficient to accommodate all of the cremated remains, any excess cremated remains will be placed in a secondary container and disposed of pursuant to the directions above.

2. Section 497.607(2), Florida Statutes, provides that if, after a period of 120 days from the date of cremation the cremated remains have not been claimed, "Company" and or "Crematory" may dispose of the cremated remains by scattering them at sea, placing them in a licensed cemetery scattering garden or pond, placing them in a church columbarium or otherwise as provided by administrative rule.

3. I hereby indemnify, release and hold harmless "Company" and "Crematory", its officers, agents, employees, representatives and assigns from any and all loss, damage, liability, costs, expenses or claims resulting from this authorization, including attorneys' fees and costs of litigation in connection with cremation and disposition, including the processing, and shipping, and disposition of the cremated remains, the failure of the legally authorized person to properly identify the human remains transmitted to "Company" and "Crematory", the failure of the legally authorized person or their designee to take possession of or to make proper arrangements for the final disposition of the decedent or the decedent's cremated remains, excepting only acts of gross negligence on the part of "Company" or "Crematory".

I am a legally authorized person as defined by §497.005(39), Florida Statutes (set forth below). I authorize the cremation of the remains identified herein. I attest that I am not aware of any person in my priority class or higher who objects to this authorization. I acknowledge that no person may make a claim objecting to the cremation of the remains identified herein against Crematory when Crematory acts upon the authorization of the legally authorized person executing this authorization.

‘Legally authorized person’ means, in the priority listed: (a) The decedent, when written inter vivos authorizations and directions are provided by the decedent; (b) The person designated by the decedent as authorized to direct disposition pursuant to Pub. L. No. 109-163, s. 564, as listed on the decedent’s United States Department of Defense Record of Emergency Data, DD Form 93, or its successor form, if the decedent died while serving military service as described in 10 U.S.C. s. 1481(a) (1) -(8) in any branch of the United States Armed Forces, United States Reserve Forces, or National Guard; (c) The surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. 741.28 that resulted in or contributed to the death of the deceased; (d) A son or daughter who is 18 years of age or older; (e) A parent; (f) A brother or sister who is 18 years of age or older; (g) A grandchild who is 18 years of age or older; (h) A grandparent; or (i) Any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, or administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased’s human remains by others in the same class of the person making the representation or of any person in a higher priority class.

**Legally Authorized Person:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Legally Authorized Person:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Legally Authorized Person:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Notary Witness:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Signed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_ Stamp/Seal

Signature of Notary

Lee County Cremation Representative: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_