

# ***Barbara Falowski Funeral & Cremation Services, Inc.***

900 Northwest 5th Ave  
Fort Lauderdale, Florida 33311  
Broward 954.462.4262 Dade 305.408.0819 FAX 954.764.1225

## **Cremation Authorization**

I/We the undersigned, (the "Authorizing Agent(s)") hereby authorize and request in accordance with and subject to the rules and regulations and any applicable state or local laws or regulations for BARBARA FALOWSKI FUNERAL & CREMATION SERVICE, INC. (The "Funeral Home") or any agent of the Funeral Home, to arrange with \_\_\_\_\_ (the Crematory) to calcinate or cremate (hereafter called "cremate") the human remains of \_\_\_\_\_ (the Decedent") and to arrange for the final disposition of the cremated remains, as set forth in this form.

Initials of Authorized Agent(s): \_\_\_\_\_  
I hereby request and authorize BARBARA FALOWSKI FUNERAL & CREMATION SERVICE, INC. to cremate the remains of \_\_\_\_\_ (the "Deceased") who died on \_\_\_\_\_, \_\_\_\_\_, and sex \_\_\_\_\_, at age \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. at \_\_\_\_\_ City \_\_\_\_\_.

The cremated remains will be returned to the Funeral Home. The Funeral Home will dispose as follows:

\_\_\_\_\_

\_\_\_\_\_

The cremation and disposition of the cremated remains of the Deceased are to be in accordance with the following provisions:

1. **IDENTITY.** I represent and warrant that the remains delivered for cremation are those of the Deceased.
2. **AUTHORITY.** I represent and warrant that I have the authority to make these arrangements for the cremation of the Deceased and the disposition of the cremated remains of the Deceased.
3. **FOREIGN OBJECTS.** Certain materials will either be destroyed or not recoverable following the cremation process. The materials included dental bridgework, dental fillings, personal articles and body prostheses. Mechanical devices, such as pacemakers, may create a hazardous condition when placed in a cremation chamber. The Crematory will not cremate any remains that contain any type of mechanical device. I authorize the Crematory, the Funeral Home and Funeral Director to have any and all implanted mechanical devices removed from the remains of the Deceased prior to commencement of the cremation process. Unless otherwise indicated below, I certify that the remains of the Deceased do not contain any type of implanted mechanical devices.
4. **CREMATION CONTAINER.** I understand that the remains of the Deceased will not be accepted for cremation unless the remains are received in a leak resistant, rigid container. If the remains are received in a non-combustible container, the Crematory is authorized to remove the remains of the deceased prior to cremation and place such remains in a combustible container, and the Crematory may dispose of the non-combustible container at its sole discretion.
5. **DISPOSITION.** Florida law 497.607 provides that if, after a period of one hundred twenty (120) days from the time of cremation, the cremated remains of the Deceased have not been claimed, the Crematory and the Funeral Home may dispose of the cremated remains. Florida law allows such disposal by scattering the cremains at sea or placing them in a licensed cemetery scatter garden or pond or in a church columbarium. The Crematory and the Funeral Home are authorized to dispose of the cremated remains in such a manner if the arrangements set forth above have not been completed by me within one hundred twenty (120) days after the date of cremation. In any event, the Crematory, the Funeral Home and Funeral Director are absolved of all liability for loss or damage occurring during shipping and handling once the cremated remains are transported and delivered in a container to the United States Postal Service or other common carrier.
6. **CREMATION URN.** Unless I purchase an Urn or other suitable container, I understand that the cremated remains will be placed in a container which is not designed for any type of shipment and which is suitable for only short-term use. Unless otherwise specifically directed in writing by me, I understand that if the capacity of the urn or other container is insufficient to hold all of the cremated remains, the Crematory, the Funeral Home or Funeral Director are authorized to dispose of the residual cremated remains at their discretion and in accordance with applicable law. I also understand that due to the nature of the cremation process that not all of the cremated remains of the Deceased are capable of being recovered, even with the exercise of the crematory's best efforts, I authorize the disposition of the particles of cremated remains in the sole discretion of the Crematory.

7. **STORAGE FEES.** By signing below, I also agree to a storage fee of \$10.00 per day for the storage of cremated remains 10 days after notification that the cremated remains are released to the funeral home by the crematory.
8. **COMMINGLING.** Some particles of the cremated remains of the Deceased and some particles of other cremated remains may inadvertently be commingled in the cremation chamber or in other devices utilized to reduce the cremated remains. I authorize the disposition of the particles of cremated remains in the sole discretion of the Crematory.
9. **APPROVAL.** Under Florida law, 406.11 the Medical Examiner's approval must be obtained before a cremation can take place and under Florida law, 872.03 a forty-eight (48) hour waiting period after death is required.
10. **RELEASE.** I release the Crematory, the Funeral Home and Funeral Director from any and all loss, damages or liability, including reasonable attorney's fees and court costs, in connection with the cremation and disposition of the cremated remains of the Deceased as authorized herein. The duty of the Crematory is limited to cremation of the remains for the Deceased and the disposition of such remains as directed herein.
11. **CREMATION: 497.607** The cremation process will take place within 48 hours after the specified agreed time frame which will be 7 to 10 business days from the date of signature on this document. Exclusions are weekends, holidays and circumstances beyond the funeral home's control.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dated the day and year written below.

\_\_\_\_\_  
(Signature of person arranging cremation or witness)

\_\_\_\_\_  
(Signature of person arranging cremation or witness)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Date: \_\_\_\_\_, \_\_\_\_\_

Permit #: \_\_\_\_\_

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

M. E. # \_\_\_\_\_

Dr. \_\_\_\_\_, M.E.

Date: \_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Date: \_\_\_\_\_, \_\_\_\_\_

BARBARA FALOWSKI FUNERAL & CREMATION  
SERVICE, INC.

Funeral Director: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_, \_\_\_\_\_

### **Mailing of Cremated Remains**

I/We do hereby agree to have the cremated remains of \_\_\_\_\_  
Sent to me Via \_\_\_\_\_. I understand that by agreeing to this, I will release Barbara Falowski Funeral & Cremation Services, Inc., from any and all responsibility and/or liability if the Cremated Remains and/or urn are lost or damaged by the postal service or common carrier and/or not received and/or delivery is delayed by the postal service or common carrier. I/We also agree that responsibility for said cremated remains by Barbara Falowski Funeral & Cremation Services, Inc. ends when cremated remains and/or urn is delivered to or picked up by the postal service or common carrier.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date