

CREMATION AUTHORIZATION

Permit No. _____ Crematory No. _____

The undersigned hereby request and authorizes, Funeral Home and the Crematory in accordance with and subject to it's rules and regulations as well as those of the State of Florida, to cremate the remains of _____ who died on _____ and hour _____ M. and that said remains are placed in a corrugated container or other type container as specified: _____. The undersigned hereby authorizes the funeral home to dispose of said cremated remains as indicated below and that pursuant to Florida law that if final disposition of the cremated remains has not taken place within 120 days, then this instrument shall constitute full and complete authority for said funeral home or crematory to dispose of the cremains by scatter over the Gulf of America.

- _____ Mail the cremains to _____ via registered mail and agrees to assume all liability for any damages that may arise from any cause of said deliver and to indemnify and hold harmless the funeral home or crematory from any and all claims related to said shipment. **We do not mail cremated remains to residences and will only mail directly to the receiving funeral home.** Our fee for mailing cremains is \$ _____
- _____ Inter the cremains in _____ Cemetery. The cemetery may have a charge for this service and you agree to pay for such charge by time of interment.
- _____ Scatter cremains in the Gulf of America by boat or plane or other location _____. Our fees for this service is \$ _____
- _____ Store the cremains for _____ months. Our charges for this service is \$ _____ per month.
- _____ Return the cremains to _____ Urn _____ Keepsake# _____

Identification Viewing Authorization and Procedure NOT A PUBLIC VISITATION without EMBALMING

Initial _____ (If same name as below)

Identification viewing is for the purpose of positive visual ID, by no more than 1-2 family members for no more than 5-10 minutes within 24 hours of death without embalming. ID viewing should not be considered (or be allowed) to replace the traditional public service viewing. Florida Statue 47 0.002-6 refers to embalming for preservation, disinfection and public protection. If a traditional public viewing is requested, embalming and the additional cost should be discussed with your funeral director. If this Policy is violated (by having several people attend or past 24 hours) the ID will be canceled and you will be asked to reschedule after meeting with the Funeral Director to make the necessary arrangements.

Initial _____ (If same name as below) Photo ID _____ POSITIVE IDENTIFICATION Secure View _____

The undersigned, having viewed the remains or having identified the remains using a photograph provided, does hereby identify the body as the above-named deceased. Ample time has been given to the undersigned to assure proper identification prior to the execution of this document and, by signing below, the undersigned acknowledges that there is no doubt or question about this identification. The undersigned assumes all liability for mistaken or incorrect identification, whether made in person, using the photo provided, or through a photograph, and agrees to indemnify and hold the Funeral Home, its officers, agents, and employees harmless from any and all claims, suits, or causes of action, including reasonable attorney's fees for the defense thereof, brought by any person, firm, corporation, or personal representative arising out of the identification and the request for cremation and disposition of the remains.

Place of ID _____ Time of ID _____ .M. Date of ID _____
Name (if Different from Below) _____ Signature _____

Initial _____ (If same name as below) OAK _____ RENTAL CASKET DISCLOSURE CHERRY _____

I/we have rented a casket from the Funeral Home for use during the period of the funeral for (Above Named Deceased) the arrangements for which I/we made. I/we have seen the casket and find it to be satisfactory for our needs. I/We understand this rental casket may have been used previously and may differ from the one shown. Also it will be reclaimed by the above named funeral home immediately prior to the final disposition of the remains of the above-named deceased. I/we hereby authorize the above-named funeral home to use an alternative container which I/we have selected for the final disposition of the body.

Initial _____ (If same name as below) TISSUE DONATION

By saying yes, you make a decision that can positively affect the lives of nearly 100 other people. We must complete donation within 24 hours of death.

Request Donation Yes ; No Contact Name: _____ Phone: _____

Initial _____ (If same name as below) COMPLETION OF CREMATION, INDEMNIFICATION, & PERSONAL PROPERTY RELEASE

Cremation will be completed within fourteen business days of positive ID, expiration of 48 hours from the time of death, all authorizations being completed and/or signed, and the contract being paid in full. This fourteen business day timeframe may be extended in the event of mechanical maintenance, equipment failure, or an act of God. All personal property left with the deceased will be cremated. By initialing this section, I/We understand that we may take fingerprints, locks of hair, and/or collect DNA samples from the deceased prior to cremation. I/We acknowledge that DNA collection is performed solely at the request of the family, and the Funeral Home makes no guarantee as to the condition, quality, viability, or future usefulness of any DNA obtained. I/We further understand that once cremation has taken place, no additional DNA can be recovered. The Family does hereby release, acquit and forever discharge the Funeral Home and all shareholders, officers, directors, and assigns thereof, and all other persons who are or might be liable in any way from any and all claims, actions, causes of action, demands, rights, damages, costs, expenses and compensation of whatsoever kind or nature related to the personal property item(s) which the undersigned may hereafter accrue on account of the disposition of the personal property item(s). I/We agree to hold the funeral home and crematory, it's servants and employees blameless and harmless, from any and all liability whatsoever; also for any loss or damage to said cremated remains, occasioned by act of God, common enemy, theft, strikes, riots, vandals, order of Military of Civil Authority and for any other act beyond our control.

View Cremation - Yes ; Maybe ; No Contact Name: _____ Phone: _____

Fingerprints - Yes ; Maybe ; No # _____ • Locks of hair - Yes ; Maybe ; No # _____

Initial _____ (If same name as below) PACEMAKER OR BATTERY OPERATED DEVICE/REMOVAL

Some pacemakers and other battery-operated or implanted medical devices can be dangerous during cremation. If the crematory is not properly informed of such devices, the family will be responsible for any resulting damages, and the crematory will not accept liability. **Pacemaker/device removal: \$195** The above-mentioned remains does _____ or does not _____ have a pacemaker or other battery-operated implanted device. I/We authorize removal and proper disposal if applicable. Unknown _____

I/We have read this authorization carefully before signing and swear that all the above statements are true. I/We represent and certify that the right to make such authorization as related to the deceased as _____ # _____ of required Signatures. (i.e. 4 children/siblings)

(Signed) _____ (Date) _____ (Relationship to deceased) _____
 Witness _____ (Date) _____ (Relationship to deceased) _____
 Signature of person receiving cremains _____ Date _____ Relationship to deceased _____