

1780 Ocean Shore Boulevard Ormond Beach, Florida 32176 (386) 441-1010

167 Ridgewood Avenue Daytona Beach, Florida 32117 (386) 253-7601

AUTHORIZATION FOR CREMATION AND DISPOSITION THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING. CREMATION IS IRREVERSIBLE.

request, authorize and direct Tri-City Diversified Services, LLC (her cremate in accordance with and subject to its rules and regulations the remain	reinafter referred to as "The Crematory") to
, whose date of birth	h is The
, whose date of birth cremation will occur within 10 days of the date of death of	unless The Funeral Home or
Cremation betwee [whose Name is Listed Above] (Hereinaiter referred to a	is the runeral Home of Cremation
Service") I have engaged and by whom The Crematory which was engaged a	s a subcontractor to perform the cremation.
having made good faith efforts in that period to obtain the following required time to obtain same: (1) medical examiner approval for the cremation; or (2) certificate as to cause of death. If the cremation is delayed due to delay in recauthorizations, the cremation will occur within 48 hours after the receipt of the *Witnessing of the Cremation Process: I select to witness the cremation process of the decedent named	authorizations, is unable by the end of that signature of a physician on the death ceiving the above identified required ae aforesaid required authorization. above. (initial)
I decline to witness the cremation process of the decedent name	ed above. (initial)
* I direct that the cremated remains be disposed of as follows:	(
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* Personal items, jewelry, prostheses, dentures, dental fillings and bridgewor following the cremation process. I accept responsibility for removing or arrangement from the remains prior to the cremation process. Items to be removed:	rk will be destroyed and are not recoverable nging to have removed, any of these items
* I authorize The Funeral Home or Cremation Service or The Crematory, to remains, without further authority, any explosive or radioactive devices (pace prior to cremation. Any other metal items not identified in this paragraph who process will become the property of and disposed of or recycled by The Cremation Service or The Crematory agains have removed and recycling, any of the noted items from the remains. List explosive device(s) to be removed:	emakers, morphine pumps, defibrillators etc.) nich are not destroyed by the cremation natory. I accept responsibility and agree to t all claims for removing, or arranging to
* I understand and agree that the remains must be stored before cremation, as combustible cremation container. Following cremation, the cremated remains will be processed and mechanically pulverized to an unidentifiable consistence TYPE OF CONTAINER FOR CREMATION:	s, consisting primarily of bone fragments,
* I acknowledge that some particles of the cremated remains may inadvertent other cremated remains during the cremation process or pulverization process	tly become commingled with particles of s.
* I authorize The Funeral Home or The Crematory to place the cremated rem	ains in the urn or container provided
described as:	. In the event that the urn or container is
described as:	retion of.
* Section 497.607(2), Florida Statutes, provides that if, after a period of 120 remains have not been claimed, The Funeral Home or Cremation Service may	days from the date of cremation the cremated



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.

- * I hereby indemnify, release and hold harmless The Funeral Home or Cremation Service or The Crematory, their 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 the cremation and disposition, including shipping, of the cremated remains.
- * 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 The Funeral Home or Cremation Service or the Crematory, when The Funeral Home or Cremation Service and the Crematory, act 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.

Signature of Legally Authorized Person:

<u>(X)</u>	Date:					
Please Print Name:						
Address:	City:	Zip:				
Phone Number:	Relationship:					
IF AUTHORIZATION IS SIGNED WHEN A FUNERAL HOME REPRESENTATIVE IS NOT PRESENT, THE SIGNATURE OF THE LEGALLY AUTHORIZED PERSON MUST BE NOTARIZED BELOW. I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT						
Signature of Legally Authorized Person						
SUBSCRIBED AND SWORN BEFORE ME ON SIGN	ATURE OF NOTARY STAMP					
Personally known to me or Produced Identification ID Produced	PRINTED NAME OF NOTARY	My Commision Expires		State of:		
lignature of The Funeral Home Representative: Date:						

