AUTHORIZATION FOR CREMATION AND ORDER FOR DISPOSITION

I/We, the undersigned, hereby request and authorize SOUTHERN FUNERAL CARE AND CREMATION SERVICES, INC. (hereinafter referred to

as Funeral Home) to take possession of and make arrangements for the cremation of and the final disposition of the Deceased named below in accordance with and subject to the provisions set forth in this document, at Cremation Center of Tampa Bay, LLC (hereinafter referred to as Crematory) and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations. Name of Deceased: Date of Death: Time of Death: Place of Death: Funeral Director: Did the Deceased have any infectious, contagious or communicable disease declared to be dangerous to public health? Mechanical, radioactive devices or implants in the Deceased may create a hazardous condition when placed in a cremation chamber. All pacemakers and/or implants must be removed prior to cremation. Do the Deceased's remains contain any such devices? (If yes, please explain) I/We have arranged for the Funeral Home to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation. I understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them, I/we are responsible for any damages caused to the Crematory or Crematory personnel by such implant 's or devices. Cremation will take place after the following conditions have been met: Any scheduled ceremonies or viewing have been completed, civil and medical authorities have issued all required permits, all necessary authorizations have been obtained and no objections have been raised, and 40 hours have transpired since the death occurred. Cremation is a technical process, using heat and flame that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. During the cremation process, the cremation chamber will be opened to reposition the remains of the Deceased in order to facilitate a complete and thorough cremation. Cremation shall include the processing and may include the pulverization of bone fragments. All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time. The remains of the Deceased will not be accepted for cremation unless received in a combustible, leak-resistant, rigid cremation container. The Crematory is authorized to remove and dispose of all handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass or other non-combustible material, I/We further authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such non-combustible casket in any lawful manner. All non-combustible materials, including, but not limited to, jewelry, precious metals, body prostheses, denture, dental work or other personal articles may be destroyed during the cremation process. Any non-combustible items that are recovered from the cremation chamber may be separated from the cremated remains of the Deceased and disposed of in any lawful manner. I/We understand and acknowledge that even with reasonable care and the Crematory's best effort, it is not possible to recover particles of the cremated remains of the Deceased and that some particles may inadvertently become commingled with particles or other cremated remains remaining in the cremation chamber and or devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate. I/We hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We understand that in the event the cremated remains have not been permanently interred or picked up by my designated representative within 120 days of the cremation, the Funeral Home is authorized to lawfully dispose of the unclaimed cremated remains pursuant to State Statutes. I/We hereby direct and authorize the release/delivery or shipment of said cremated remains to:

I/We, the undersigned, hereby certify that I/We am/are the closest living next of kin of the Deceased.

completed within 7 to 10 days.

I/We certify that the Deceased has not given any other specific direction concerning the disposition of his/her remains.

I/We understand that the cremation process may not take place immediately. I/We acknowledge and understand that the cremation process may be

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| I/We understand that if I/We wish to remove and/or retain any items from the remains, I/We must do so by the Funeral Home authorized agent prior to the cremation process. Items to be removed: |
| |
| INDEMNITY I certify and represent that I/we have full power to make this authorization for cremation. "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 in 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 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 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 of the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person r |
| irreversible and final. READ this entire document carefully before signing. |
| By executing this two (2) page cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statement contained on this document are true and correct, that these statements were made to induce Southern Funeral Care and Cremation Services, Inc. and Cremation Center of Tampa Bay, LLC, to cremate the human remains of the Deceased and that the undersigned have read and understand the provisions contained in this document. |
| Name (Printed) Signature |
| Relationship to Deceased Date |
| Name (Printed) Signature |
| Relationship to Deceased Date |
| Name (Printed) Signature |
| Relationship to Deceased Date |
| Name (Printed) Signature |
| Relationship to Deceased Date |
| Funeral Director Name (Printed) |
| Funeral Director Signature as witness for Authorizing Agent(s): |
| Comments: |

Date of Cremation

Crematory Rep:

ID#