

**FOR OFFICE USE ONLY**

Doctor's Name: _____

Dr. License: _____

Phone#: _____ Fax#: _____

Date of death: ____/____/____ Time of death: _____

Form 1. Release of Remains Authorization

I, (the "Legally Authorized Agent or AA"), the undersigned, hereby authorize the release of the remains of
(Name of Deceased) _____ from

(Name of Institution) _____ to FLORIDA CREMATION

SERVICES, LLC ("FCS") DBA VALLES FUNERAL HOMES & CREMATORY and/or its agents to care for, embalm and/or

otherwise prepare said body for burial and/or other disposition. I hereby represent that I am of the nearest degree of relation and/or legally authorized or charged with the responsibility of the disposition according to FS 497.005 (43)*.

Authorizing Person's Name: _____ Relationship to Deceased: _____

X

Signature of the person granting authorization

____/____/____
Date Signed (mm / dd / yyyy)

DECEDENT'S INFORMATION

Gender: ☐ Male ☐ Female

Date of birth: ____/____/____
Month Day Year

Age: _____

Date of death: ____/____/____
Month Day Year

Weight: _____ lbs*

PLACE OF DEATH

☐ Inpatient ☐ Emergency room ☐ Dead on arrival

☐ Hospice ☐ Nursing home/Longterm care

☐ Decedent's home ☐ Other (Specify) _____

Facility name (or address): _____

City: _____

State: _____ Zip code: _____

*Additional charges will apply for transportation assistance on decedents weighting above standard weight (200lbs)

*497.005 (43) "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 ... 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 ... **(c)** The surviving spouse ... **(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 ... 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.

Identification of Deceased Person

Please provide any form of picture identification or documentation of the decedent as well as the social security number if applicable.

SAMPLE



Identification of Authorized Person or Informant

Please provide any form of picture identification or documentation of the the authorized person or informant..

SAMPLE



Form 2. Information of Deceased Person

DECEDENT'S INFORMATION

Name of Decedent (First, Middle, Last Name)		
Also known as:		
Date of Birth (Month / Day / Year) / /	Date of Death (Month / Day / Year) / /	
Age	Social Security #	
Birthplace (City & state, or foreign country)		County of death (ex.: Miami-Dade)
Deceased Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married Deceased Spouse's (Maiden) Name		
Deceased Last Address		
City	State	Zipcode
Decedent's Usual Occupation		Industry
Race (More than one race can be specified) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native (Specify tribe) <input type="checkbox"/> Asian indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other asian (Specify) <input type="checkbox"/> Native hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other pacific islander (Specify) (Specify) _____		
Haitian Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No Hispanic Origin? (If yes, specify) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other (Specify) _____		
Decedent's Education <input type="checkbox"/> 8th grade or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) _____		Decedent US veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Deceased Father's Name (First, Middle, Last Name)		
Deceased Mother's Name (First, Middle, Maiden Last Name)		

# of Death Certificates	with Cause** _____
	without Cause _____

Form 3. Authorizations

SECTION 1. AUTHORIZATION TO ACT

I/we (the "Authorized Agent or AA"), the Undersigned, hereby represent that he/she/they have the legal authority to contract for the agreed-upon services, hereby agreeing to hold FLORIDA CREMATION SERVICES, LLC ("FCS") DBA VALLES FUNERAL HOMES & CREMATORY, its officers, directors, and employees harmless should a claim to the contrary be made by a third party, inclusive of reasonable attorneys' fees and taxable court costs, if any, arising therefrom.

The AA has/have read this agreement, or has had it read to him/her/them, and they understand its contents and agree to be bound by its terms. AA hereby agree(s) that its noneconomic damages for FCS malfeasance or misfeasance shall be limited to the total charges set forth herein or ten thousand and 0/100 (\$10,000.00) dollars, whichever is less, the parties hereto agreeing that the said damages are of a very uncertain nature and that the above formula constitutes reasonable recompense under the circumstances.

The AA warrants that all representations and statements made herein are true and correct and FCS is relying on such information and that AA has read and understands the provisions contained in this document.

GENERAL RELEASE

I/we (the "Authorized Agent or AA"), the Undersigned, do hereby release FLORIDA CREMATION SERVICES, LLC ("FCS") DBA VALLES FUNERAL HOMES & CREMATORY, including any parent company or subsidiary, its officers, directors, shareholders and employees from any further actions, including, but not limited to, legal action, regulatory complaints, etc., in relation to the funeral, burial service, site selection, merchandise, and/or entombment rights of the Deceased stated above.

AA agrees to hold harmless and defend FCS, including any parent company or subsidiary, its officers, directors, shareholders and employees from any actions taken by the AA or any family members of as they relate to the funeral or burial services, site selection, merchandise, and/or entombment rights of the Deceased.

AA agrees to release from liability FCS, its assignees, its end users and its funeral home and their respective agents and employees against loss from any and all claims, demands, or damages which may be made by or declared against it or them (except for willful or intended misconduct) of their failure to timely disclose the existence of implanted devices or personal items or effects.

AUTHORIZING PERSON'S INFORMATION

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (_____) _____ --- _____

Email: _____

X _____ | ____/____/_____
Signature of the person granting authorization Date Signed (mm/dd/yyyy)

Any changes necessary to Certified Death Certificates due to missing and/or misspelled information will be done at a cost of \$250.00 plus state charges. Make any necessary changes, and circle the items changed. Any items not completed on "Decedent's Information" section will appear as **Unknown on the death certificate.*

***Cause of death is only provided to direct family members: parents, siblings & children. If you selected an option that requests cause of death and your relationship is different from the above; Death Certificates will be printed **without** cause of death.*

SECTION 2. AUTHORIZATION FOR CREMATION AND DISPOSITION

I/we (the "Authorized Agent or AA"), the Undersigned, certify, warrant, and represent that as the AA, I/we have full and legal right and authority, and know of no other living person who has a superior priority right under state law to authorize the cremation, processing, and the disposition of the named Deceased above, have made all reasonable efforts to contact each person(s) with a superior right to learn of their wishes, know of no objections to the cremation of the Deceased, know of no document expressing the Deceased wishes for final disposition that would direct such final disposition, and hereby request and authorize FLORIDA CREMATION SERVICES LLC ("FCS") DBA VALLES FUNERAL HOMES & CREMATORY to take possession of and make arrangements for the cremation of the Deceased.

AA further authorizes FCS to perform the cremation and agrees to indemnify, release, and hold harmless FCS, and their affiliates, agents, employees, representatives and assigns from any and all loss, damages, liability, costs, or claims resulting from this Authorization (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the Cremated Remains of the Deceased, or AA's failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such Cremated Remains. The cremation, processing, and disposition of the Deceased authorized herein shall be performed in accordance with all governing state and local laws and regulations, and subject to the following terms and conditions, including the rules, regulations and policies of FCS:

1. The remains of the Deceased will not be accepted for cremation unless received or placed by FCS in a readily combustible, leak and/or spillage resistant rigid alternative container, cremation container or casket that is closed to provide a complete cremation for the human remains. FCS shall ensure that all Containers used for cremation contain no amount of unauthorized chlorinated plastics, are composed of readily combustible materials and are rigid enough for handling with ease to provide for the health, safety and personal integrity of the public and FCS personnel.
2. FCS is authorized to remove and dispose of handle 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 FCS in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, AA authorizes the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. AA further authorizes FCS to make disposition of any such noncombustible casket in any lawful manner. By initialing this paragraph, AA hereby authorizes FCS to remove and place the human remains in another container if required to proceed with the cremation.
3. Implanted mechanical or radioactive devices in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. FCS will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, AA hereby authorizes FCS and their employees to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. AA HEREBY CERTIFIES THAT THE REMAINS OF THE DECEASED DOES OR DOES NOT CONTAIN ANY TYPE OF IMPLANTED PACEMAKER, PROSTHESIS, SILICONE, MECHANICAL OR RADIOACTIVE DEVICES. Listed below are all implanted mechanical and/or radioactive devices which FCS is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated. If no instruction for disposition is given, such items may be disposed of at the discretion of FCS.

Device(s): _____ Dispose: _____

4. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed.
5. Certain items including, but not limited to body prosthesis, dentures, dental fillings and bridgework, and other personal effects accompanying the remains of the Deceased, will be destroyed during the cremation process. AA further authorizes that if any items other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains, and disposed of by FCS.
6. AA is responsible for removing any personal effects or item of value (such as jewelry) from the remains prior to the cremation process and shall hold

Name of Decedent: _____

Date of birth: ____/____/____ Date of death: ____/____/____

harmless FCS from any liability for their destruction or loss. By initialing this paragraph, AA hereby acknowledges that no items of value were delivered with the human remains to FCS.

7. Following cremation, the Cremated Remains of the Deceased, consisting primarily of bone fragments, will be processed and mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
8. DECLARATION OF INTENT - Chap. 497.607, Florida Statutes. If after a period of 120 days from the date of cremation, the Cremated Remains have not been claimed, AA authorizes and directs FCS to dispose of the unclaimed remains in any manner it deems appropriate under state law.

I verify that I understand all of the 8 disclosures listed above and have had adequate time for consideration with all questions having been answered.

Name: _____ Relation: _____

X _____
Signature of the person granting authorization DateSigned (mm/dd/yyyy)

SECTION 3. DISPOSITION OR RELEASE OF CREMATED REMAINS AUTHORIZATION

AA hereby assumes responsibility for the Cremated Remains and authorizes the Disposition or Release of the Cremated Remains as follows (AA acknowledges that all options, excluding **Receive in Person**, have an additional cost to the service):

- ☐ **Receive in Person (No Extra Cost)** ☐ Delivery to Family Member
☐ Ship via U.S. Registered Mail* ☐ Scatter at Sea ☐ Delivery to Cemetery

Instructions (Address, Names) _____

*FCS is not responsible for any loss of or damage to cremated remains shipped via Registered Mail with the United States Postal Service and AA agrees to indemnify and hold them harmless from any and all claims related to shipping.

Name: _____ Relation: _____

X _____
Signature of the person granting authorization DateSigned (mm/dd/yyyy)

SECTION 4. EMBALMING AUTHORIZATION

I/we (the "Authorized Agent or AA"), the Undersigned, understanding that embalming is not required by law except in certain special cases, authorizes FLORIDA CREMATION SERVICES LLC ("FCS") DBA VALLES FUNERAL HOMES & CREMATORY to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the Deceased. FCS accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional license or mortuary student who assisted under the embalmer's direct supervision. AA authorizes and directs FCS, including apprentices (provisional licenses), and mortuary students under the direct supervision of a licensed embalmer employed by FCS and their employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. AA acknowledges that this authorization encompasses permission to embalm at FCS or at any other facility equipped and licensed for embalming.

Name: _____ Relation: _____

X _____
Signature of the person granting authorization DateSigned (mm/dd/yyyy)

Name of Decedent: _____

Date of birth: ____/____/____ Date of death: ____/____/____

SECTION 5. TRANSPORT TO CHURCH AUTHORIZATION

CHURCH INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (_____) _____ --- _____ Contact: _____

Name: _____ Relation: _____

X _____ | ____/____/____
Signature of the person granting authorization DateSigned(mm/dd/yyyy)

SECTION 6. BURIAL AUTHORIZATION

I/we (the "Authorized Agent or AA"), the Undersigned, certify, warrant, and represent that as the AA, I/we have full and legal right and authority, and know of no other living person who has a superior priority right under state law to authorize the final disposition whether it be ground burial or mausoleum of the named Deceased, have made all reasonable efforts to contact each person(s) with a superior right to learn of their wishes, know of no objections to the ground burial or mausoleum of the Deceased, know of no document expressing the Deceased's wishes for final disposition that would direct such final disposition, and hereby request and authorize FLORIDA CREMATION SERVICES LLC ("FCS") DBA VALLES FUNERAL HOMES & CREMATORY to take possession of and make arrangements for the burial of the Deceased.

CEMETERY INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (_____) _____ --- _____ Contact: _____

Type of burial: ☐ Ground ☐ Mausoleum

Material of casket: _____

Type of casket: ☐ 20g ☐ 18g ☐ Other (Specify) _____

Name: _____ Relation: _____

X _____ | ____/____/____
Signature of the person granting authorization DateSigned(mm/dd/yyyy)

SECTION 7. SHIP-OUT AUTHORIZATION

I/we (the "Authorized Agent or AA"), the Undersigned, certify, warrant, and represent that as the AA, I/we have full and legal right and authority, and know of no other living person who has a superior priority right under state law to authorize the ship out/forwarding of the named Deceased, have made all reasonable efforts to contact each person(s) with a superior right to learn of their wishes, know of no objections to the shipout/forwarding of the Deceased, know of no document expressing the Deceased's wishes for final disposition that would direct such final disposition, and hereby request and authorize FLORIDA CREMATION SERVICES LLC ("FCS") DBA VALLES FUNERAL HOMES & CREMATORY to take possession of and make arrangements for the ship out of the Deceased.

The AA also acknowledges that FCS is strictly a funeral home and crematory service and works diligently with airlines and shipping services to obtain the best travel arrangements for the remains of the Deceased. Once FCS releases the remains of the Deceased to the shipping service, FCS is not liable for any damages or mishandling of the remains of the Deceased due to the weather, mechanical breakdown, labor strife, airline travel delays and all other causes beyond our knowledge and control.

RECEIVING FUNERAL HOME INFORMATION

Name: _____

Address: _____

Phone: (_____) _____ --- _____ Contact: _____

CEMETERY INFORMATION

Name: _____

Address: _____

Phone: (_____) _____ --- _____ Contact: _____

RECEIVING FAMILY INFORMATION

Name: _____

Address: _____

Phone: (_____) _____ --- _____

Name: _____ Relation: _____

X _____ | ____/____/____
Signature of the person granting authorization DateSigned(mm/dd/yyyy)