

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.

**CREMATION IS IRREVERSIBLE**

Crematory			
Decedent			
Date of Birth			
Date of Death		Time of Death	
Legally Authorized Person			
Address			
City, State Zip Code			
Phone Number			
Relationship to Decedent			
Decedent's remains contain the following mechanical or radioactive devices (such as pacemakers, etc.)			
Disposition of cremated remains			
Description of urn or container provided			

I hereby request, authorize and direct the Crematory to cremate in accordance with and subject to its rules and regulations the remains of Decedent. The cremation will occur within 10 days of the date of death, unless the cremation facility, having made good faith efforts in that period to obtain the following required authorizations, is unable by the end of that time to obtain same:

- 1) Medical examiner approval for the cremation; or
- 2) Signature of a physician on the death certificate as to cause of death; or
- 3) Signature of the Legally Authorized Person of the Decedent

If the cremation is delayed due to any delay in receiving the above identified required authorizations, the cremation will occur within 48 hours after the receipt of the aforesaid required authorizations. However, if necessary crematory equipment is unavailable, the 48 hour period shall begin upon such equipment becoming available.

**As the Legally Authorized Person, I agree, acknowledge, authorize and direct the following:**

- I direct that the cremated remains be disposed of as indicated above.
- Personal items, prostheses, dentures, dental fillings and bridgework will be destroyed and are not recoverable following the cremation process. I accept responsibility for removing any personal items from the Decedent prior to the cremation process.
- I authorize Crematory to remove, or to have removed from the Decedent, any mechanical or radioactive devices, such as pacemakers, etc., prior to cremation as listed above. The Decedent must be cremated in a leak-resistant, rigid, combustible cremation container.
- Following cremation, the cremated remains, consisting primarily of bone fragments, will be processed and mechanically reduced to an unidentifiable consistency.
- I acknowledge that some particles of the cremated remains may inadvertently become commingled with particles of other cremated remains during the cremation process, and I authorize Crematory to dispose of any such particles in any lawful manner.
- I authorize Crematory to place the Decedent's cremated remains in the urn or container provided as described above. If the urn or container is insufficient to accommodate all the cremated remains, any excess cremated remains will be placed in a secondary container and disposed of pursuant to the directions above.
- Section 497.607(2), Florida Statutes, provides that if, after a period of 120 days from the date of cremation the cremated remains have not been claimed, Crematory may dispose of the cremated remains by 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 Crematory, its 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.

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 Decedent identified herein against Crematory when Crematory acts upon the authorization of the legally authorized person executing this authorization.

- I am a legally authorized person as defined by §497.005(39), Florida Statutes (set forth below). I authorize the cremation of the Decedent identified herein. I attest that I am not aware of any

***'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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Crematory Representative

\_\_\_\_\_  
Date Signed

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

(Seal)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name of Notary

**FOR CREMATORY USE ONLY**

Permit # \_\_\_\_\_ -124

Cremation Completed \_\_\_\_\_, 20\_\_\_\_\_ By: \_\_\_\_\_

I accept the delivery of the cremated remains of: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ Signed: \_\_\_\_\_