

CREMATION AUTHORIZATION

Name of Deceased _____ Date & Time of Death _____

Place of Death _____ Sex _____ Age _____

Name of Next of Kin "Authorizing Agent": _____

Name of Crematory _____ Location of Crematory _____

THIS IS A LEGAL DOCUMENT – IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION

Cremation is final and irreversible – Please read carefully before signing

Cremations and final dispositions will be performed in accordance with all governing laws and the policies and procedures established by the State of Florida, the local crematory selected by the Authorizing Agent and the

Cremation will only take place after all of the following conditions have been met:

1. 48 Hours have transpired since the death occurred .
2. Any scheduled ceremonies or viewing have been completed.
3. Civil and medical authorities have issued all necessary permits.
4. Necessary authorizations have been obtained, and no objections have been raised in compliance with Fla. Stat. 497.005.
5. Positive identification of deceased has been accomplished by the Authorizing Agent(s).

Because cremation is a final irreversible decision, it is important to our funeral home that you have full understanding of the process. We ask that you take the time to read this document carefully and feel free to ask any questions you may have.

Every cremation is performed individually.

PACEMAKERS, PROTHESES, SILICONE, AND RADIOACTIVE IMPLANTS

Pacemakers, prostheses and other mechanical or radioactive devices or implants in the decedent may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices be removed prior to cremation. If our funeral home is not notified about such devices or implants and is not instructed or permitted to remove them, or otherwise arrange for their removal, then the person(s) authorizing the cremation will be responsible for any and all damages caused to the local Crematory or Crematory personnel by such device or implant.

All Pacemakers and radioactive implants must be removed prior to delivering the decedent to the crematory.

___ The decedent's remains do not contain a pacemaker, prosthetic, silicone, or radioactive implant or any other device that could be harmful to the Crematory, and therefore are safe to cremate

___ The decedent's remains do contain a pacemaker, prosthetic, silicone, or radioactive implant, and/or any other device. The following is a complete list of all existing devices (including all mechanical, silicone or radioactive implants and prosthetic devices), which are implanted in or attached to the decedent that should be removed prior to cremation:

List implants/devices: _____

I/we authorize a representative of the _____ Funeral Home to surgically remove or arrange for the removal of any hazardous implants/devices. If such implants/devices include metals eligible for recycling, I/we authorize a representative of the _____ Funeral Home to arrange for the recycling of such materials. If any prostheses or other mechanical devices or implants were not removed prior to cremation, and any remnants remain following cremation, I/we authorize the Crematory to dispose of these materials, which may include the recycling of eligible metals.

PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery are given below. If no specific instructions are given, I/we release the _____ Funeral Home and Crematory from liability for these items.

Items to be delivered to Authorizing Agent or Designee: _____

THE CREMATION PROCESS

In preparation for cremation, the decedent is placed in a rigid casket/alternative container strong enough to ensure proper protection and dignity of the human remains while at the same time providing ease of handling for funeral home and crematory personnel. The decedent is cremated in this container/casket. All caskets/alternative containers must be composed of a material suitable for cremation; be able to be closed and completely cover the remains; be sufficient to handle with ease; and be able to provide protection to the funeral home and crematory personnel. Many caskets that are primarily combustible also contain parts, such as decorative handles or rails, that are not combustible and that could cause damage to the cremation chamber. The crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and refuse in a non-recoverable manner.

Our funeral home strongly discourages the purchase of a metal casket for cremation. If such a casket is purchased and a crematory can be located that will accommodate cremation with the metal casket, then the crematory may, at its sole discretion, reserve the right to take any and all of the following steps to facilitate cremation: remove or prop open the lid or cut holes in the casket. Following cremation, remnants of the casket’s metal shell will be manually and mechanically reduced in size so that they may be discarded in an economical manner with similar materials from other cremations and refuse in a non-recoverable manner.

The decedent is placed in the crematory chamber (retort). In this chamber, through intense heat and flame (1400° to 1800° Fahrenheit) the human remains and the container are reduced to basic components referred to as cremated remains. The entire cremation process generally takes from one and a half to three hours on average.

Any valuables such as jewelry or dental gold left with the deceased will be destroyed and unrecoverable after the cremation process. These items, along with any prosthetic parts and non-combustible container parts (i.e. hinges, nails, etc.) will be removed by visible or magnetic selection from the cremated remains and disposed of by the crematory.

Following a cooling period, the cremated remains are removed from the crematory chamber. Cremated remains are NOT ashes. They are, in fact, bone fragments (calcium compounds) and normally weigh between three and nine pounds. Every effort is made to remove all of the remains from the chamber. However, it is impossible to remove all particles, incidental and accidental commingling is a realistic possibility.

Some crematories further process the cremated remains to reduce their size by mechanical processing, pulverization or grinding as they often contain recognizable bone fragments. The process of grinding and crushing may also cause incidental commingling of the remains with virtually unrecognizable as human remains. The crematory will make every reasonable effort to place all of the cremated remains into a temporary receptacle along with a certificate of cremation, which must accompany the cremated remains to the place of final disposition.

If a permanent container (urn) is selected by the Authorizing Agent(s), the _____ Funeral Home will make a reasonable effort to transfer all of the cremated remains from the temporary container in to the permanent urn, in the event the urn is insufficient to accommodate all of the cremated remains, the excess will remain in the temporary container. This container will be kept with the primary urn and handled according to your disposition instructions.

Cremation, although a legal form of disposition, is NOT a final disposition, nor is placing the cremated remains in storage at our funeral home considered an alternative to final disposition. Cremation simply reduces the human body to cremated remains. Some decisions must be made for the final placement of the cremated remains, you are encouraged to review your options with your funeral director and make those decisions during this arrangement conference.

I have read the above description of the cremation process in its entirety. I understand what I have read and that cremations is an irreversible process. I have no further questions about by decision to proceed.

Initial

CREMATION CONTAINER

Fla. Stat. 497.005 requires the remains of Decedent to be in a suitable container for cremation. The Crematory requires a combustible cremation container. If the Crematory accepts a non-combustible container, then the Crematory is authorized to dispose of the container in any way it sees fit.

Type of Container Selected: _____

IDENTIFICATION OF THE DECEDENT

It is the policy of the _____ Funeral Home that no human remains shall be transferred, embalmed, cremated, buried or entombed without proper identification by the Authorizing Agent(s) or legal representative.

θ The undersigned, having been provided the opportunity to physically view the human remains, do positively identify same as that of the person named above. Identification occurred: Date: _____ Time: _____ Place: _____

θ Identification is not required as deceased died at his/her residence or with family/Authorizing Agent(s) in attendance at the time decedent was transferred by our staff to the _____ Funeral Home.

Identification is not required due to the reason of: Family Request _____ The Deceased is Unidentifiable And subsequently, the following methods were performed:

θ Identification was made by **photograph** of the deceased by request of and with permission of the Authorizing Agent(s) with said photograph being made a permanent part of the deceased's Funeral Home file.

θ Identification was made through the Medical Examiner's Office, using DNA, dental records and/or fingerprints, and verified with the _____ Funeral Home by the Facility's ID Tag.

θ Identification was made verbally by visual description of physical characteristics (i.e. scars, tattoos) between the Funeral Director, _____, and Authorizing Agent, _____, on _____ and by using the following characteristics: _____.

I/We have had opportunity to identify the remains that were received by the _____ Funeral Home as the decedent named above, by using the selected method(s) stated above, and have authorized the _____ Funeral Home to deliver the decedent to the Crematory for cremation and to arrange for the final disposition of cremated remains, as set forth on this form. I/We assume all liability for any issue that may arise from mistaken identification.

Initial

AUTHORIZING FOR CREMATION

I/We the undersigned, hereby authorize and request that the crematory, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, cremate the human remains of the decedent in the container as selected/provided by the family.

Initial

AUTHORITY OF AUTHORIZING AGENT

The term "Authorizing Agent" used through out, refers to the individual(s) retaining the right to control disposition as established by Fla. Stat. 497.005. Authorizing Agent(s) may include a properly appointed funeral agent under Fla. Stat. 497.005.

The deceased has properly appointed an authorized funeral agent as provided by Fla. Stat. 497.005. This form does not itself constitute an appointment of a funeral agent.

• Appointed Funeral Agent: θ No Yes Name: _____

If no Funeral Agent, proceed to spouse, civil union partner, or registered domestic partner.

I/We hereby certify that the following individual(s) may claim the right to control the funeral and disposition of the decedent as an Authorizing Agent(s), as set forth by Fla Stat. 497.005

• Spouse (Include legally separated. Do not include divorced.) θ No Yes Name: _____

If no spouse, civil union partner, or domestic partner, proceed to biological and legally adopted children. Do not include step-children.

• Children: θ No Yes # _____ Name(s): _____

If no adult children, proceed to biological or legally adoptive parents.

• Parents: θ No Yes Name(s): _____

If no parents, proceed to biological siblings and those related by adoption. Do not include step-siblings.

• Siblings: θ No Yes # _____ Name(s): _____

If no siblings, state name and authority of authorizing party according to the degree of consanguinity.

• Relationship: _____ Name(s): _____

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as Authorizing Agent(s) and attached to this form.

Explanation: _____

Therefore, I/We certify that I/we am/are the closet living next of kin to the decedent and that I/we am/are related as stated above, that I/we have charge of the remains and as such possess full legal authority and power, according to the laws of the State of Florida, to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I/we am/are aware of no objection to this cremation by any spouse, child, parent or sibling specified. I/we have had the

opportunity to read this document and authorize this funeral home and the selected crematory to perform the cremation of the decedent in accordance with the terms.

Initial

TIME OF CREMATION

I am/We are aware that according to Right Choice Cremation, cremation may not take place in the State of Florida until 48 hours have elapsed from the time of death as recorded on the official transcript of death. The Right Choice Cremation is authorized to deliver and the Crematory is authorized to perform the cremation within 48 hours upon receipt or within 48 hours of a date and time set forth below in Witness to Cremation, whichever is longer.

Initial

WITNESS TO CREMATION

Being a witness to the cremation process is optional and a choice by the Authorizing Agent(s) only.

I/We do not wish to be witness to the cremation I/We do wish to be witness to the cremation

I/We the undersigned request to witness the cremation and hereby acknowledge witnessing the cremation of a decedent is a privilege and is reserved strictly for members of the immediate family of the decedent or a member of the clergy who officiated at the ceremonies of the decedent. The undersigned also understand there is limited space inside the cremation facility and the crematory can be a dangerous place. I/We agree to remain in designated areas and comply with all of the crematory's personnel and instructions at all times and will maintain the decorum required for a ceremony of this kind. I/We will not engage in any activities that will endanger anyone present at the crematory for the cremation ceremonies of the decedent. I/We acknowledge that witnesses may be removed by the crematory personnel for any infractions.

If witnessing has been selected, the scheduled meeting time at the Crematory is at: _____ on : _____

Initial

DISPOSITION OF CREMATED REMAINS

I/We the undersigned authorize the _____ Funeral Home to handle and/or transfer the cremated remains as follows:

Leave sealed in crematory supplied urn and will be able to be opened at Holder's discretion.

Inurn & seal in permanent urn listed below and will not be able to be reopened.

Urn Selected: _____ Item #: _____ Name, Date of Birth & Date of Death in Font: _____

Engraving: _____ Item#: _____ Medallion/Life Symbol/Appliqué: _____

Item #: _____

Inurn and seal in multiple urn(s) listed below. I/We instruct the _____ Funeral Home to divide the cremated remains of the decedent in as many shares as there are listed below. Each recipient is to receive a share of the cremated remains of the decedent in as many shares as there are listed below. Each recipient is to receive a share of the cremated remains in the containers purchased from the _____ Funeral Home. I/We acknowledge and agree that it is impossible to provide equal shares of the cremated remains of the decedent to each of the recipients and instruct the _____ Funeral Home to use reasonable efforts to divide and distribute similar shares of the cremated remains to each of the recipients. I/We authorize the sealing of each urn and acknowledge that, depending on the type of urn selected, it will not be possible to reopen the urn(s) from this point on. I/We agree to indemnify and hold harmless the _____ Funeral Home from any claims or causes of action arising or related in any respect to this direction to divide and distribute the cremated remains of the decedent to the recipient(s) or the _____ Funeral Home's reliance thereon. *Please use the back of this form for more space if necessary.*

RECIPIENT(s):

RELATIONSHIP:

URN(s):

Initial

FINAL DISPOSITION AND DESIGNATING A HOLDER

Although cremation is a legal form of disposition, it is NOT final disposition. I/We authorize the handling of the cremated remains by:

- θ Interring urn in: _____ Cemetery at _____ on _____
I/We are aware that an urn vault may be necessary for an interment and is a requirement by the cemetery listed above and not required by law or by the _____ Funeral Home.
- θ Enniching urn in: _____ Columbarium at _____ on _____

If cremated remains are not to be interred in a cemetery or enriched in a columbarium by the _____ Funeral Home, it is necessary to designate someone to be permanent "Holder" of the cremated remains. I/We hereby designate the following as the Holder to receive the cremated remains and thereby assuming all rights and responsibilities for the cremated remains. All other next of kin relinquish their rights to control these cremated remains. Once someone is selected be the Holder and take permanent possession of the cremated remains, another person my not be substituted to take possession. This agreement is irrevocable. _____ Funeral Home is instructed to handle the cremated remains as follows:

- θ Release to Holder
- θ Deliver to Holder
- θ Ship USPS priority mail express to Holder

Designated Holder's Name: _____ Relationship: _____
Phone Number: _____ Address: _____

If no arrangements for the final disposition of the cremated remains have been made within one hundred twenty (120) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the one hundred twenty (120) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Funeral Home immediately upon receipt of an invoice.

Initial

INDEMNIFICATION

As the Authorizing Agent(s), I/We hereby agree to indemnify, defend and hold harmless the _____ Funeral Home, its officers, agents and employees of and from any and all claims, demands, causes of action and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transported to the funeral home, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains or any other action performed by the _____ Funeral Home, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

Initial

SIGNATURE OF AUTHORIZING AGENT(S)

By executing this form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce the _____ Funeral Home to arrange for the cremation of the human remains of the decedent, and that the undersigned have read and understand the provisions contained in this form, acknowledging and agreeing with every provision initialed by the principle Authorizing Agent.

Executed at _____ Funeral Home, this _____ day of _____, 20____.

Name: _____ Signature: _____
 Relationship to decedent: _____ Phone #: _____
 Address: _____

Name: _____ Signature: _____
 Relationship to decedent: _____ Phone #: _____
 Address: _____

Name: _____ Signature: _____
 Relationship to decedent: _____ Phone #: _____
 Address: _____

Name: _____ Signature: _____
 Relationship to decedent: _____ Phone #: _____
 Address: _____

Name: _____ Signature: _____
 Relationship to decedent: _____ Phone #: _____
 Address: _____

Name: _____ Signature: _____
 Relationship to decedent: _____ Phone #: _____
 Address: _____

Funeral Director Witness

License No.

RECEIPT OF DELIVERY TO CREMATORY

The Crematory received the remains of the decedent identified above on Date: _____ Time: __
 In (type of container): _____

 Signature of Crematory Representative

RECEIPT OF DELIVERY FROM CREMATORY

The _____ Funeral Home received the cremated remains of the decedent identified above on Date: _____
 Time: _____ In (type of container): _____

RECEIPT OF CREMATED REMAINS TO HOLDER

Cremated remains were received and given into the care of the Designated Holder or Cemetery Representative and all rights and responsibilities for the cremated remains are transferred onto the stated business or person signing on the sticker to the right.
 (Place Sticker of Receipt Here)