



Permit #: _____
 County: _____
 M.E. #: _____
 M.E. Dr.: _____
 Approval Date: _____

CREMATION AUTHORIZATION

The undersigned hereby requests and authorizes, in accordance with the subject to your rules as well as the rules and regulations of the State of Florida, to cremate the remains of **Name:** _____

Who died at: _____ **AM/PM On:** _____ **At the age of:** _____ and certifies and represents that they have the right to make such authorizations and agree to release, indemnify and hold harmless the funeral home, its officers, agents, employees, and crematory from any claims, causes of action, liability, cost or expense including reasonable attorney’s fees from said authorizations and the funeral homes reliance on said authorizations herein. Permission is also granted to remove any pacemaker prior to the cremation process. Any type of prosthetics, mechanical devices, dental or surgical implants, etc. (Devices) will be cremated. After cremation, identifiable residue from the Devices will be disposed in any way manner which conforms to Federal and State laws.

DECLARATION OF INTENT (Chap. 470.0255, Florida Statues)

Requires that the person contracting for cremation services must designate in writing the disposition of the cremated remains. If the cremated remains have not been claimed from the funeral home within 120 days, the funeral home will dispose of the cremated remains in any manner deemed proper and at the convenience of the funeral home.

I hereby authorize the following disposition of the cremated remains: _____

We will not make any arrangements to have cremated remains transported by common or private carrier.

 Signature
 Name: _____

 Signature
 Name: _____

 Signature
 Name: _____

 Address

 Address

 Address

 City, State, Zip Code
 Relationship: _____

 City, State, Zip Code
 Relationship: _____

 City, State, Zip Code
 Relationship: _____

FUNERAL DIRECTOR