

E. Date ____/____/____

AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMATED REMAINS

I/we hereby request, authorize and direct you to cremate, in accordance with and subject to your rules and regulations, the remains of _____ deceased, and container containing same, as delivered to you with permit by _____ American Heritage Cremation Society _____ on (Date); subject, however to the 48 hour State Law and to necessary changes of time because of other than scheduled arrival of body or other commitments of the crematory and within time specified on contract for cremation.

I/we, of legal age, hereby certify that (1) I/we am/are the _____ of the above named deceased, that (2) I/we alone have the right to give authorization and direction for said cremation and disposition of the cremated remains, and that (3) the deceased left no other direction for the disposition of his/her remains; and I/we hereby agree to defend, indemnify and keep harmless _____ and their representatives from any and all liability of whatsoever kind, or claim therefore, for whatsoever they, or either of them, may do by virtue hereof.

NOTICE: Heart Pacemakers or any **Battery Operated** Implantable Medical Device can be dangerous when placed in a cremation chamber. If the crematory does not receive proper notice, the family shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability.

B. Pacemaker or Device Containing Battery: Yes No

I the undersigned, do understand that due to the nature of the cremation process any valuable material, including dental gold, will be destroyed. The undersigned also declares that all personal possessions have been or be removed from the deceased by a family member or his/her personal representative, and shall hold harmless, defend, indemnify the cremation society, crematory or its/their agents and/or representatives from loss. The undersigned does understand that cremated remains are basically bone fragments which are processed to permit placement in a (urn). If container is furnished by the undersigned or his/her family, and said container capacity is to accommodate all of the remains, the crematory will place excess cremains in a temporary container to complete disposition, as agreed above, unless otherwise instructed in writing by the undersigned.

After cremation, I/we direct you to carry out disposition of the cremated remains in the following manner and do by selection below:

- C. Select One: Forward to designated receiver *Recipient's Name & Address:
- Return to family
- Forward to National Cemetery at
- Placement at Sea per Federal Guidelines
- for disposition according to
- Florida Statutes, Section 470.0255

F. Authorizing Signature: _____ D. Name: _____

G. Notary as Witness: _____

Signature of Notary including Stamp Seal. Indicate one: ID Produced _____ or Circle for: Personally Known

Altering of this document may render it void. Do not fill in below this double line.

Death Care Provider In Charge:

Name of Deceased: _____ Date of Death: _____ Time of Death: _____
 Place of Death: _____
 Forward Cremains to: _____

SPACE BELOW FOR CREMATORY USE ONLY

Date Received: _____ Permit #: _____ Date Cremation Completed: _____
 Issued at: _____
City State

I/we hereby attest that the cremation was carried out under: _____

My/our direction as authorized above. _____