

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority, as a legally authorized person as defined in Florida Statutes 497.005(37), to authorize the cremation, processing and disposition of _____ (Name of Deceased) (hereafter referred to as the "Deceased"). I/We further certify, warrant and represent the I/We am/are not aware of any objections to the cremation of the Deceased's human remains by anyone in the same class of legally authorized person as myself/ourselves or in a higher priority class of legally authorized person. _____(initial).

Date of Death _____ Time of Death _____ A.M. P.M.

_____ (Initial) To the best of my knowledge, the Deceased has no surviving relatives.

I/We hereby request and authorize **Kalis-McIntee Funeral & Cremation Center** (hereinafter referred to as the "Funeral Home" to take possession of and make arrangements for the cremation of the remains of the deceased at **Gold Coast Crematory** (hereinafter referred to as the "Crematory"), and I/We give the Crematory the authority to cremate the remains of the deceased.

Cremation will be completed within 3 business days following receipt by Crematory of all required approvals. Legally Authorized Person ____ Arranger ____ I/We hereby authorize the Crematory to return the cremated remains of the deceased to the possession and custody of the Funeral Home. I/We hereby understand the services and obligations of the Crematory shall be fulfilled when the cremated remains of the deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follow:

Is special handling required? Yes No Describe: _____

Description of urn or container selected: _____

Release to family: _____

Scattering at sea by Funeral Home or Funeral Homes agent

Ship via **U.S. Registered Mail*** _____

To: Name _____ Address _____

Other: _____

* Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via registered mail with in the United States Postal Service.

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws , the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and Conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.

2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemaker, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical device or radioactive device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OT THE DECEASED DO DO NOT (Initial one) CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIO ACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

Description of Implanted Device	Disposition
Description of Implanted Device	Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.

4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered during the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the crematory.

5. I/We herby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and dispose of such materials.

6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.

8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/We give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our 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 remains.
13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.
14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process. I/We acknowledge receiving, from the Funeral Home, a copy of the booklet entitled "Cremation Facts" containing additional information about the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document, and that I/We have received the booklet entitled "Cremation Facts".

Signature _____
Print Name Relationship to Deceased

Address _____ Tel. No () _____
Street City State Zip

Signature _____
Print Name Relationship to Deceased

Address _____ Tel. No. () _____
Street City State Zip

WITNESS _____ Date: _____ 20 _____
Signature Print Name

 Name and Address of Funeral Home