

DIRECTIONS FOR CREMATION AUTHORIZATION & ORDER FOR DISPOSITION:

- 1 . Please initial the form where indicated by X Marks.
- 2 . Please sign the form at the bottom of the third page and have your signature notarized.
- 3 . Please fax the form back to us at: (407) 841-4454 or email it to: Orlandofuneral@aol.com
- 4 . If you have any questions please contact us at: (407) 841-4424 or 1800-335-4656.

**AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION
IDENTIFICATION**

I (We), the undersigned the ("Authorizing Agent (s)"), hereby request and authorize A Community Funeral Home & Sunset Cremations (hereinafter referred to as "Funeral Home") to take possession of and make arrangements for the cremation of and the final disposition of the Decedent named below (the "Decedent") in accordance with and subject to the provisions set forth on the front and reverse sides of this document, at A Community Funeral Home and Sunset Cremations or Metro Crematory (hereinafter referred to as the "Crematory") and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

Name of Deceased: _____ Sex: _____ Age: _____

Date of Death: _____ Time of Death: _____ Place of Death: _____

Funeral Director in Charge: _____

Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in a cremation chamber. All pacemaker and radioactive implants must be removed. Do the Decedent's remains contain any such devices?

No Yes If yes, following is a list of all existing devices which may be implanted in or attached to the Decedent, and that should be removed prior to cremation: _____

We have arranged for the Funeral Home to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation. I understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them, that I/We are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

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

- 1. Any scheduled ceremonies or viewing have been completed.
- 2. Civil and medical authorities have issued all required permits.
- 3. All necessary authorizations have been obtained, and no objections have been raised.
- 4. 48 hours have transpired since the death occurred.

The crematory, or authorized agents, is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. All cremations are performed individually. The crematory will only place the human remains of one individual in the cremation chamber at a time.

CREMATION PROCESS

Cremation is a technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing, and may include the pulverization, of bone fragments. Please refer to the detailed description of the cremation process on the back of this form.

CASKETS/CONTAINERS

The Crematory requires either a casket or an alternative (cremation) container for the cremation. Please refer to the reverse side of this form for further details regarding the caskets/containers.

URNS/TEMPORARY CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.

Type of casket or cremation container selected: Minimum Cardboard Container

Type of urn or container selected: _____

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

I (We) authorize the Crematory to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I (We) understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent 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 Decedent as stated below

INITIAL BOTH

X _____ I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 120 days from the date of cremation, the Funeral Home is authorized to lawfully dispose of unclaimed cremated remains pursuant to statutes. I understand that disposal may include the commingling of the cremated remains with other cremated remains or scattering the cremated remains at sea and that thereafter the remains of the Decedent shall not be recoverable.

In the event all the cremated remains do not fit in the receptacle I have chosen, I direct the Funeral Home, or its duly authorized agents to:

X _____ Return the balance of the cremated remains to me.

I HEREBY DIRECT AND AUTHORIZE THE RELEASE / DELIVERY OR SHIPMENT OF SAID CREMATED REMAINS:

INITIAL ONLY ONE OF THE THREE

X _____ Release said cremated remains to (list name (s)): _____

X _____ I appoint the Funeral Home as my agent to make shipment of said remains via the U.S. Postal Service (registered mail, return receipt), or scheduled air shipment or local courier delivery. I am aware that the Funeral Home's services have been fully completed when the cremated remains leave the Funeral Home and that the Funeral Home is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Funeral Home assumes no responsibility after delivery to the Post Office, common carrier or agent.

Ship to (list name and complete address): _____

X _____ I appoint the Funeral Home to scatter the cremated remains at Sea. I understand that the cremated remains will become permanently non-recoverable.

(COMPLETE THIS SECTION IN ITS ENTIRETY)

I (We) hereby certify that the Decedent left the following surviving heirs at law:

Spouse	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Name:	_____
Children	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	How many?	_____
					Names:	_____
Parents	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	How many?	_____
					Names:	_____
Siblings	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	How many?	_____
					Names:	_____
Other:	Names and Relationship:				Names:	_____

Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

DISCLOSURES, WARRANTIES AND PERMISSIONS (INITIAL EACH)

INITIAL ALL OF THE SIX

X _____ I/We are aware of no objections to this cremation by any spouse, child, parent or sibling.

X _____ I/We certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains.

X _____ I/We the undersigned, hereby certify that I am the closest living next of kin of the Decedent and that I am related to the Decedent as his/her _____ or that I otherwise serve (served) in the capacity of _____ to the Decedent, that I have charge of the remains of the Decedent and as such possess legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent.

X _____ I/We have been offered the opportunity to personally identify the remains and assume full responsibility for the identity.

X _____ I/We give full permission for the following:

- a. The incidental or inadvertent commingling of the cremated remains.
- b. The processing of the remains and resulting incidental commingling of the cremated remains.
- c. The disposal by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.

X _____ I/We understand that if I wish to remove and/or retain any items from the remains, I must do so directly or by authorized agent prior to the cremation process.

INDEMNITY

I/We declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Funeral Home and Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Funeral Home and Crematory as well as their representatives, directors, officers, agents, employees, and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees) which may result from this authorization and order including failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, expressed or implied, are made and damages shall be limited to the amount of the cremation fee paid.

SIGNATURE OF AUTHORIZING AGENT(S)

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

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Home and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on the front and back of this document.

Executed at: _____ this _____ day of _____ 20 _____

Name: _____ Signature & Seal Notary Public: _____

Relationship to Decedent: _____ or Licensed Funeral Director

Signature: _____

Telephone: _____

Name: _____ Signature & Seal Notary Public: _____

Relationship to Decedent: _____ or Licensed Funeral Director

Signature: _____

Telephone: _____

Name: _____ Signature & Seal Notary Public: _____

Relationship to Decedent: _____ or Licensed Funeral Director

Signature: _____

Telephone: _____

Name: _____ Signature & Seal Notary Public: _____

Relationship to Decedent: _____ or Licensed Funeral Director

Signature: _____

Telephone: _____

**ADDITIONAL TERMS AND CONDITIONS
THE CREMATION PROCESS**

Cremation is performed to prepare the deceased for memorialization and it is carried out by placing the deceased in a casket or alternative container and then placing the casket or alternative container into a cremation chamber, or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and its contents is accomplished by raising the temperature substantially (extreme temperature) and all substances are consumed, or driven off except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possession or valuable materials such as dental gold and silver, or jewelry (as well as any body prostheses or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed and become non-recoverable, or if not destroyed, will be disposed of by the Crematory at its sole discretion. The Authorizing Agent understands arrangements must be made with the Funeral Home to remove any such possessions or valuables.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. The crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremation is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only the human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing or grinding and incidental commingling of the remains with the residue from the processing of previously cremated remains, into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container.

CASKET / CONTAINERS

The above named Funeral Home does not offer metal caskets for cremations.

All caskets and alternative containers must meet the following standards:

- 1 . Be composed of materials suitable for cremation;
- 2 . Be able to be closed to provide a complete covering for the human remains;
- 3 . Be sufficient for handling with ease;
- 4 . Be resistant to leakage or spillage;
- 5 . Be able to provide protection for the health and safety of crematory personnel.

The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is a leakage or damage, the Crematory may contact the Authorizing Agent directly for instructions. The Crematory reserves the right to open the casket or alternative container to verify the identity of the deceased.

Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. 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 other refuse in a non-recoverable manner.

URN / TEMPORARY CONTAINERS

In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on this form. Crematory requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urn or container be a minimum size of 200 cubic inches. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a container furnished by the Crematory.

FOR OFFICE USE ONLY							
DECEDENT:			48 HOURS HAS PAST	YES	EMBALMED	YES	NO
VIEWING:	YES	NO	DONE INITIAL: _____	M.E. APPROVAL GIVEN	YES	APPROX. WEIGHT	
I.D. VIEWING:	YES	NO	DONE INITIAL: _____	CREMATOR: _____			
WITNESS	ALL VIEWINGS, WITNESSES, AND SERVICES COMPLETE: INITIAL _____						
CREMATION:	YES	NO	DONE INITIAL: _____	ACCOUNTING: _____	DONE INITIAL: _____		
PACEMAKER:	YES	NO	REMOVED INITIAL: _____	NAME LABEL ATTACHED TO BODY HAS BEEN CHECKED AND VERIFIED			
NEXT OF KIN CONSENT:							