

CREMATION AUTHORIZATION & DECLARATION OF INTENT OR DISPOSITION OF CREMATED REMAINS

Approx. Weight _____
Pacemaker _____ Y _____ N

The undersigned hereby authorizes International Cremation Services, Inc. or any other Florida licensed crematory, in accordance with and subject to its rules & regulations and the rules and regulations of the State of Florida to cremate and mechanically pulverize (process) the remains of:

_____, whose date of demise was _____ (DOD) at _____ (TOD). IT IS REQUESTED THAT THE FOLLOWING DISPOSITION OF THE CREMAINS BE MADE:

he undersigned hereby authorizes International Cremation Services, Crematory,(hereinafter the Crematory), the Direct Disposer or FDD & it's agents or assigns to deliver the cremains to : _____ approx. completion date _____ (Shipping Addressee & delivery address) _____ registered or other secured US MAIL, or other carrier and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery, and to indemnify and hold harmless the Crematory, or any other Florida Crematory used, the D.D., & their agents or assigns from any and all claims related to said shipment. This release extends to any and all employees of the crematory or of the Direct Disposer and any or all of their officers and or assigns. This release includes identification and disposition of the cremains.. My signature below assigns my rights of identification and disposition to the crematory or anyone else, and releases The Crematory, the Direct Disposer, their employees, officers, and assigns from liability regarding disposition or identification.

[] SCATTER OR DISPOSE OF CREMAINS according to FL Statutes section 470.0255 or at discretion of the Direct Disposer.

[] HOLD in the Direct Disposer's repository pending further instructions, this hold is subject to FL Statutes section 470.0255.

[] PERSONAL EFFECTS: If you want any personal effects saved and NOT TO BE CREMATED, YOU MUST LIST THEM HERE. We DO NOT assume any liability for personal effects cremated that were not listed below:

[] CREMAINS TO BE PICKED UP AT OUR OFFICES, this is subject to FL Statutes section 470.0255.

SPECIAL NOTES: Because of the nature of the retorts, there is a possibility of some commingling of cremains BEYOND our ability to control. Pacemakers are removed and disposed of before cremation at the sole discretion of the crematory. There is a \$125.00 charge to remove pacemaker.

I HEREBY CERTIFY THAT I AM RELATED TO THE DECEASED AS _____ and have the right to authorize this cremation as per FL Statute and the disposition thereof, & further, my signature conveys and gives the express consent and constitutes permission of all surviving family members, thereby, conveying the authority of all family members by and through my signature as a complete and full authorization for the cremation of the deceased listed herein. I agree that by signing this release and herein conveying consent by all family members, absent or present, that I indemnify and hold harmless the crematory, the Direct Disposer, their employees, officers, agents, or assigns from any liability, costs, expenses or claims resulting from such authorization as conveyed by my signature and consent. I understand that due to the nature of the cremation process any valuable material, included but not limited to dental gold, will either be destroyed, disposed of, or unrecoverable. I further agree that I will indemnify and hold harmless the crematory, the Direct Disposer, their employees, officers, agents, or assigns from any liability, costs, expenses or claims resulting from such authorization(s) and/or for any and all claims arising out of the cremation or related process and procedures as described herein. I am aware that after a period of 120 days from the date of cremation, if I have not claimed the cremated remains, that pursuant to section 470.0255, FL Statutes, the Crematory or Funeral Home may dispose of the unclaimed cremains. Shoes, large metal objects, or any material(s) that may cause smoke or damage to the crematory or processor will be removed and discarded at the sole discretion of the crematory.

IDENTIFICATION OF REMAINS: I understand that International Cremation Services, Inc., the Direct Disposer(s), the staff and officers accept NO responsibility for identification of remains. This responsibility rests solely with the Hospital, Nursing Home, ACLF, Medical examiners Office, or in the case of residence demise, with the Family and or Law Enforcement, or legal Representative(s) present at the scene. Their certification, tagging, or other identification method used is accepted as correct, including but not limited to their giving our removal personnel the correct name to place onto an identifying label or tag or bracelet. I further understand that a cardboard container or a scattering bag, is NOT considered a permanent container or safe storage.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION & DISPOSITION

I/We warrant that all representations & statements made herein are true & correct, & that I/we have read and understand the provisions contained in this document. I/We have the right to authorize the cremation of the deceased, and are not aware of a person who has a superior priority right or are not aware of a person of equal priority who disagrees with authorizing the cremation.

SIGNED _____ DATE _____

WITNESS _____ DATE _____

SIGNED _____ DATE _____

WITNESS _____ DATE _____

SIGNED _____ DATE _____

WITNESS _____ DATE _____

LDD _____

International Cremation Services, Inc.

24 hour phone (727)849-1984 fax (727) 645-6983