



**Authorization for Cremation and Disposition at GRACE CREMATORY**

Cremation # \_\_\_\_\_ Cremation Date: \_\_\_\_\_

DECEASED NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ AM PM Sex: \_\_\_\_\_

Age: \_\_\_\_\_

I hereby request and authorize, **Family Funeral Home & Cremation Services** to take possession of and make arrangements for the cremation of the deceased's remains at **Grace Crematory**, Tallahassee, Florida. To induce the funeral home and crematory to cremate, process and dispose of the deceased remains, (I/we) undersigned hereby certify, warrant, represent and acknowledge (by initialing items 1-4 below) that:

- 1-  I have the full legal right and authority to authorize the cremation, processing and disposition of the deceased remains.
- 2-  I understand that if I wish to remove or retain any item from the deceased remains, I must do so directly or by authorized agent prior to the cremation process. Yes \_\_\_ No \_\_\_
- 3-  I give permission for the funeral home, or its duly authorized agents to remove and dispose of any *pacemaker* or other type of implant mechanical or radioactive device.
- 4-  I understand that in the event the cremated remains have not been permanently picked up by me or by my designated representative within 120 days from date of cremation, the funeral home is authorized and directed to dispose of the unclaimed cremated remains in any lawful manner.

**Disclosures:** Received ID for Person Claiming Legal Right to Authorize: \_\_\_\_\_ or Personally Known \_\_\_\_\_

Positive ID of Deceased by 2 Identities: \_\_\_\_\_

Family to be Present for Cremation: Yes: \_\_\_ No: \_\_\_ Cremains to be returned to: \_\_\_\_\_

Are there any special instructions? Yes: \_\_\_ No: \_\_\_ Any Services prior to Cremation? \_\_\_\_\_

Describe in detail \_\_\_\_\_

The deceased has the following implanted mechanical or radioactive devices and or prosthetic devices. \_\_\_\_\_

At the time of death, did he/she have a disease that was infectious, communicable or dangerous to public health?

Yes: \_\_\_ No: \_\_\_ if yes, please explain: \_\_\_\_\_

**Order for Disposition**

I authorize the Crematory to cremate and process the deceased remains and return the cremated remains of the deceased to the possession and custody of the funeral home, I understand that the service 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.

**Signature and Indemnity**

(If the legal next to kin is not signing below, a written statement of explanation must be completed by the person signing below)

I declare under penalty of perjury that the foregoing information is true and correct, and that I make this statement to induce the Funeral Home / Crematory to cremate or cause to be cremated the remains of the deceased. I agree to hold harmless, indemnify and defend the Funeral Home / Crematory against any claims, liabilities, damages, cost of expenses, including attorney fees, which may result from this Authorization for Cremation and Disposition order. Also including without limitation claims that arise from or relate to shipping, identity, kinship, exposable, harmful implants, infectious disease, or other persons claiming rights to control disposition of deceased remains.

**Family Funeral Home & Cremation Services**

(x) \_\_\_\_\_  
Signature of Person Claiming Legal Right to Control Disposition

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Funeral Director Signature and License Number

Address: 3106 Crawfordville Hwy.

Crawfordville, FL 32327

Phone: (850) 926-5919

Date: \_\_\_\_\_

