

Authorization for Cremation

Alan Moore Cremation Care Center
2000 14th Ave. E., Unit 104, Palmetto, FL 34221
(p) 941-722-3201 | (f) 941-786-0016
atneed@alanmoorecremation.com

Pacemaker: Yes No

Permit No: _____

ID No: _____

Date: _____

The undersigned hereby requests and authorizes, in accordance with and subject to your rules and regulations as well as those of the State of Florida, to cremate the remains in a _____ containing the remains of _____

_____ who died in _____, on _____ at _____ and _____

certifies and represents that I/we have the right to make such authorization as I/we have sole priority of consent as NEXT OF KIN with NO OPPOSITION by anyone and am related to the deceased as _____

_____ Signature of Person Authorizing the Cremation

Cremation will take place within 10 days of Medical Examiner authorization; estimated to be on or before _____

DISPOSITION OF CREMATED REMAINS: _____ (Initial)

Special Instructions: _____

REGISTERED U.S. MAILING INSTRUCTION: _____

The undersigned hereby authorizes the crematory to deliver the cremains via REGISTERED U.S. MAIL 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 and funeral director or their employees from any and all claims related to said shipment. The undersigned also agrees to pay for such delivery in the amount of \$195.00 _____ (initial if mailing is selected as disposition)

I/We agree to hold you, your servants and employees blameless and harmless, from any and all liability whatsoever, also for a loss or damage to said cremated remains, occasioned by an act of God, common enemy, theft, strikes, riots, vandals, order of Military or Civil Authority, and for any other act beyond our control. If no final disposition instructions are given to the crematory funeral home, the cremated remains will be held for 120 days from date of death and then disposed of in a dignified manner

Heart pacemakers can be dangerous when placed in a cremation chamber and shall be removed prior to the cremation process. If the crematory does not receive proper notice, the family and/or undersigned shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances

I/We affirm that the above statement is true.

SIGNED

_____ Address _____

WITNESS

_____ Address _____

Signed and sworn to before me this _____ day of _____, _____ (Licensee Signature)

_____ (Notary Public Signature)

Date of disposition _____ By _____

Cremated remains received by _____ on _____ (Relationship)

The named deceased was received by the _____ Our Crematory _____ in a _____ (Name of Crematory) (Type of Container)

approved by the Rules and Regulations of the State Board of Funeral Directors and Embalmers for Florida governing Crematories and that the 48 hour period since death had elapsed before said deceased was cremated on _____ (Date)

Signed: _____

RULES APPLICABLE TO CREMATORIES:

It shall be unlawful for any person, firm or corporation to cremate any dead human body prior to the expiration of forty eight (48) hours after the death of such human body. (Sec. 872.02(1), F.S.)


A dead human body may be held any place or in transit over twenty-four (24) hours after death or pending final disposition only if the body is maintained under refrigeration at a temperature of 40°F or below; embalmed in a manner approved by the Board of Funeral Director and Embalmers in accordance with provisions of Chapter 497 F.S.; or otherwise preserved. (Division of Health Rules - Gen. Authority Sec. 381.03(1)(g)(II), F.S.)

Crematory or cinerator facilities are permitted only to require a container in the form of a cardboard container of suitable strength or a wooden box or casket chosen for cremation or calcination to take place. In such cases where the deceased died from a contagious disease, an air-tight container will be required to stop fluid leakage and offensive odors and to reduce the possible further spread of the contagion. (Ch. 21-J-9.03(g) - FD&E Rules)

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(941) 722-3201 | (941) 786-0016 (Fax)

APPROVED RECIPIENTS FOR CREMATED REMAINS

I,  _____ approve the following individuals to pick-up, receive and/or take into possession the cremated remains of _____ when they are released by Alan Moore Cremation Care Center. *Specify if you will require the Cremated Remains to be divided and how:*

PORTRION FOR SCATTERING OR KEEPSAKES: _____ HALF OF CREMAINS: _____ FULL AMOUNT: _____ OTHER: _____

Name:  _____ Phone:  _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

 _____

Signature
(LEGALLY AUTHORIZED NEXT OF KIN)

 _____

Date

I request shipping of cremains to: *(complete below)*

Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

NOTES: _____

*SHIPPING FEES APPLY (\$195 pre-paid)

PHOTO ID WILL BE REQUIRED ON DAY OF PICK-UP