Highlands Crematory – 111 East Circle Street • Avon Park, FL 33825 • (863) 453-3101

DATE OF DEATH: _____ TIME OF DEATH: _____ Place of Death: _____ FD OK: _____

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 the undersigned, certify, warrant and represent that I have the full legal right and authority to authorize the cremation, processing, and disposition

of the remains of _____ in a _____ (hereinafter referred to as the "Deceased").
Name of Deceased container

I hereby request and authorize _____(hereinafter referred to as the "Funeral Home") to take
Name of Funeral Home

possession of and make arrangements for the cremation of the remains of the Deceased at _____
(hereinafter referred to as the "Crematory") Name of Crematory

I authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☐ No Describe _____

Description of urn or container selected: _____ Suitable for shipping: ☐ Yes ☐ No

___ Deliver to _____
Name and Address of Cemetery

___ Release to family _____
Name of Designated Family Member to Receive Cremated Remains

___ Ship via _____

To: Name: _____ Address: _____

___ Other: _____

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

I understand that the deceased will be held for a minimum of 48 hours as required by Florida law. I understand that the deceased will be either embalmed as per my authorization or held under refrigerated storage until time of cremation.

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 materials. I authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casted in any lawful manner deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The crematory will not cremate any human remains which contain any type of implant, mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I 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 as its discretion. I HERBY CERTIFY THAT THE REMAINS OF THE DECEASED ☐ DO ☐ DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE 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

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 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 further authorize that if any items, other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I hereby 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 to 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 understand and acknowledge, that, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles will become commingles with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I hereby authorize the Crematory to dispose of any such residual particles in any lawful manner he deems appropriate.
10. Unless I 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 by certified mail at the address indicated below. I 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 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's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my 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 the Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents or employees.
14. I understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I understand that all representations and statements made herein are true and correct, and that I have read and understand the provisions contained in this document.

Signature: _____
Print Name Relationship to Deceased

Address: _____ Phone: _____
Street City State Zip

Witness: _____ Date: _____
Signature

Burial Permit # _____ Cremation # _____ Date of Cremation: _____ Cremator _____