

Marcel's Cremations Inc.

2111 NW 139th Street Bay # 18,
Opa-Locka, Florida 33054
Office: 305-953-3600 *** Fax: 305-953-3699

Cremation Approval Form

TO: MARCEL'S CREMATIONS

PERMIT NUMBER: _____

MEDICAL EXAMINERS AUTHORIZATION
ME NO: _____

DOCTOR: _____

DATE: _____

DATE: _____

The undersigned hereby request and authorizes in accordance with and subject to our rules and regulations as well as those of the State of Florida to cremate the remains of : _____,

age _____, who died at _____ on the _____

day _____, at _____ am / pm.

The undersigned certifies and represents that they have the legal right to make such authorization and agrees to hold Marcel's Cremations, Funeral Home, and Funeral Directors harmless from any liability do to or as a consequence of said authorization. The undersigned is aware that the Medical Examiner's Approval must be obtained prior to cremation taking place, and that a 48 hour waiting period is required before the cremation can take place. Permission is also granted for the removal of a pacemaker if there is one present in the deceased. The undersigned acknowledges that they are aware that should the Cremains remain unclaimed in excess of 120 days from the date of cremation, the funeral home according to Florida Statues, Section 470.0255 can dispose of the cremated remains in a manner such described by the above mentioned statue.

Signature of Person Granting and Authorizing Cremation

Witness

Relationship of Person Granting and Authorizing Cremation

Address and Phone Number

Funeral Director Signature and License Number

Name Of Funeral Establishment and License Number