

E. Date ____/____/____

AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMATED REMAINS

I/we hereby request, authorize and direct you to cremate, in accordance with and subject to your rules and regulations, the remains of _____ deceased, and container containing same, as delivered to you with permit by American Heritage Cremation Society, Direct Disposer on (Date); subject, however to the 48 hour State Law and to necessary changes of time because of other than scheduled arrival of body or other commitments of the crematory and within time specified on contract for cremation.

I/we, of legal age, hereby certify that (1) I/we am/are the _____ of the above named deceased, that (2) I/we alone have the right to give authorization and direction for said cremation and disposition of the cremated remains, and that (3) the deceased left no other direction for the disposition of his/her remains; and I/we hereby agree to defend, indemnify and keep harmless _____ and their representatives from any and all liability of whatsoever kind, or claim therefore, for whatsoever they, or either of them, may do by virtue hereof.

NOTICE: Some heart pacemakers can be dangerous when placed in a cremation chamber. if the crematory does not receive proper notice, the family shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability.

B. Pacemaker: Yes No

I the undersigned, do understand that due to the nature of the cremation process any valuable material, including dental gold, will be destroyed. The undersigned also declares that all personal possessions have been or be removed from the deceased by a family member or his/her personal representative, and shall hold harmless, defend, indemnify the cremation society, crematory or its/their agents and/or representatives from loss. The undersigned does understand that cremated remains are basically bone fragments which are processed to permit placement in a (urn). If container is furnished by the undersigned or his/her family, and said container capacity is to accommodate all of the remains, the crematory will place excess cremains in a temporary container to complete disposition, as agreed above, unless otherwise instructed in writing by the undersigned.

After cremation, I/we direct you to carry out disposition of the cremated remains in the following manner and do by selection below:

- C. Select One: Forward to designated receiver *Recipient's Name & Address: Return to family Forward to National Cemetery at Placement at Sea per Federal Guidelines for disposition according to Florida Statutes, Section 470.0255



F. Authorizing Signature: _____ D. Name: _____



G. Notary as Witness: _____

Signature of Notary including Stamp Seal. Indicate one: ID Produced _____ or Circle for: Personally Known

Altering of this document may render it void. Do not fill in below this double line.

Direct Disposer in Charge: American Heritage Cremation Society

Name of Deceased: _____ Date of Death: _____ Time of Death: _____ Place of Death: _____ Forward Cremains to: _____

SPACE BELOW FOR CREMATORY USE ONLY

Date Received: _____ Permit #: _____ Date Cremation Completed: _____

Issued at: _____ City _____ State _____

I/we hereby attest that the cremation was carried out under: _____

My/our direction as authorized above. _____

Date:

Legally Authorized Person

I/We, the undersigned, certify and represent that I/we have full legal right and authority, and know of no living person who has a superior priority right under state law, as shown below, to authorize the cremation, processing and disposition of the remains of :

Definition:

Chapter 497.005 "Definitions"

(37) "Legally authorized person" means, in the priority listed, the decedent, when written inter vivos authorizations and directions are by the decedent; the surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. 741.28 that resulted in or contributed to the death of the deceased; a son or daughter who is 18 years of age or older; a parent; a brother or sister who is 18 years of age or older; a grandchild who is 18 years of age or older; a grandparent; or any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class.



Signature of Legally Authorized Person : _____

Printed Name: _____

Relationship: _____ **Select one per Statute above**

Fax to: 1-888-744-4181
Administrative Offices:
5438 Flora Avenue
Holiday Florida 34690
727 - 939 - 1211
[w ww.cremation.cc](http://www.cremation.cc)

Receipt for Payment of Services and Merchandise

Purchaser will be required to provide us with a signed copy of this form after death.

1. Contract for Simple Cremation Service
Transportation into our care, Alternative container, Refrigeration of deceased, Medical Examiner Fee, Production, Administration, Coordination with certifying physician and Certification of death certificate, Documents and permits, Plastic cremation container, Cremation procedure within 7 business days of completing all requirements under Florida Law. Return of cremated remains and one certified death certificate. Services completed are non-refundable.

2. Reduced Rate Per Guidelines on <http://Cremation.cc>
A reduced rate may be applied if the decedent is brought into our care from the counties below:
Pinellas, Pasco or Hillsborough - Family completes paperwork as outlined on Cremation Authorization Cover Page
I understand Funerals & Viewings are not available.
Decedents weighing 300-450 lbs will be charged an additional fee of \$295

3. Services listed below are available upon your request, they are not required.

Additional Hillsborough or Pasco county Death certificates each

Additional Pinellas County Death Certificates

Placement of each additional obituary, \$15 does not include newspaper fees email only.

Arrangements made in your home or location in the Tampa Bay Area \$250

Arrangements made at our location in the Holiday, Florida \$100

Personal Delivery of Ashes in the Tampa Bay Area \$150

Pick up ashes at our location in Holiday by appointment, limited to 15 minutes N/C

Division or Vaulting of Cremated Remains \$39 each

Additional Registered Mail Delivery Fee \$78 each

Initiate Expedite Cremation - Case by Case Basis \$395

Initiate Expedite of Death Certificate(s) - Case by Case basis \$199

Overnight Shipping of the Cremated Remains in the 48 States USPS \$149

Placement of Cremated Remains in the Gulf of Mexico per Federal Regulations by following Season's end
~ Specify on Cremation Authorization "Placement of Cremated Remains in the Gulf of Mexico" \$89

Insurance assignment on a per case basis, in home or office meeting required AHCS retains Policy \$200

*Unless other Service or Items are Requested, this Arrangement is Paid In Full.

Amount Paid: Balance Due: Paid in Full: Yes*

Method of Payment: On

Beneficiary :
(Type in Name for whom Arrangement is for)

Signature of Purchaser :

Printed Name of Purchaser :

American Heritage Representative: _____

