

AUTHORIZATION FOR CREMATION & ORDER FOR DISPOSITION

I/We, the undersigned, hereby request and authorize **Brandon Cremation & Funeral Services** (*hereinafter referred to as Funeral Home*) to take possession of and make arrangements for the cremation of and the final disposition of the Deceased named below in accordance with & subject to the provisions set forth in this document, at Cremation Center of Tampa Bay, LLC (*hereinafter referred to as Crematory*) & in accordance with & subject to their rules and regulations, and any applicable state or local laws or regulations.

Name of Deceased: _____ Sex: _____ Age: _____ Date Of Death: _____ Time Of Death: _____

Place of Death: _____ Funeral Director in Charge: _____ Michael Patrias

Did the Deceased have any infectious, contagious or communicable disease declared to be dangerous to public health? Yes / No

Mechanical, radioactive devices or implants in the Deceased may create a hazardous condition when place in a cremation chamber. All pacemakers and implants must be removed prior to cremation.

Do the Deceased's remains contain any such devices? Yes / No (If yes, please explain) _____

I/We have arranged for the Funeral Home to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation. I understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them, that I/we are responsible for any damages caused to the Crematory or Crematory personnel by such implant s or devices.

Cremation will take place after the following conditions have been met: Any scheduled ceremonies or viewing have been completed, civil and medical authorities have issued all required permits, all necessary authorizations have been obtained and no objections have been raised, and 48 hours have transpired since the death occurred.

Cremation is a technical process, using heat & flame that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. During the cremation process, the cremation chamber will be opened to reposition the remains of the Deceased in order to facilitate a complete and thorough cremation. Cremation shall include the processing, and may include the pulverization of bone fragments. All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time.

The remains of the Deceased will not be accepted for cremation unless received in a combustible, leak-resistant, rigid cremation container. The Crematory is authorized to remove and dispose of all handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass or other non-combustible material, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such non-combustible casket in any lawful manner. All non-combustible materials, including, but not limited to: jewelry, precious metals, body prostheses, dentures, dental work or other personal articles may be destroyed during the cremation process. Any non-combustible items that are recovered from the cremation chamber may be separated from the cremated remains of the Deceased and disposed of in any lawful manner.

I/We understand and acknowledge that even with reasonable care and the Crematory's **best effort**, it is not possible to recover particles of the cremated remains of the Deceased and that some particles may inadvertently become commingled with particles or other cremated remains remaining in the cremation chamber and or devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

I/We hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services 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.

I/We understand that in the event the cremated remains have not been permanently interred or picked up by my designated representative within 120 days of the cremation, the Funeral Home is authorized to lawfully dispose of the unclaimed cremated remains pursuant to state statutes.

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I/We hereby direct and authorize the release/delivery or shipment of said cremated remains to: _____

I/We certify that the Deceased has not given any other specific direction concerning the disposition of his/her remains.

I/We, the undersigned, hereby certify that I/We am/are the closest living next of kin of the Deceased.

I/We understand that the cremation process may not take place immediately. I/We acknowledge and understand that the cremation process may be completed within 7 to 10 days.

I/We understand that if I wish to remove and/or retain any items from the remains, I must do so by the Funeral Home authorized agent prior to the cremation process. **Items to be removed:** _____

INDEMNITY

I certify and represent that I/we have full power to make this authorization for cremation. I/We declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the Funeral Home to cremate (or cause to be cremated) the remains of the Deceased named herein. I agree to hold harmless, indemnify and defend the Funeral Home and Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees and expenses of litigation) which may result from this authorization and order including the failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any harmful effects from radioactive or exploding devices, infectious diseases, other persons claiming rights to control disposition of the remains or any other cause. No warranties, expressed or implied, are made and damages shall be limited to the amount of the cremation fee paid.

SIGNATURE OF AUTHORIZING AGENT(S) - This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this entire document carefully before signing.

By executing this 2 (two) page cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce Brandon Cremation & Funeral Services and Cremation Center of Tampa Bay, LLC to cremate the human remains of the Deceased and that the undersigned have read and understand the provisions contained in this document.

Name (*Printed*) _____ Signature: _____ Date: _____
Relationship to Deceased: _____

Name (*Printed*) _____ Signature: _____ Date: _____
Relationship to Deceased: _____

Name (*Printed*) _____ Signature: _____ Date: _____
Relationship to Deceased: _____

Name (*Printed*) _____ Signature: _____ Date: _____
Relationship to Deceased: _____

Name (*Printed*) _____ Signature: _____ Date: _____
Relationship to Deceased: _____

Funeral Director Name (*Printed*) _____ Michael Patrias _____ Date _____

Funeral Director Signature as Witness for signature(s) of Authorizing Agent(s): _____

Comments _____

Crematory Rep _____ Date of Cremation _____ ID # _____