



St. Fort's Funeral Home

St. Fort's Funeral Home 16480 NE 19th Ave, North Miami Beach, FL 33162
305-940-1428, Fax 305-940-1534

AUTHORIZATION FOR CREMATION

NOTE THIS IS A LEGAL DOCUMENT; IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.
PLEASE READ THIS BEFORE SIGNING. CREMATION IS IRREVERSIBLE AND FINAL

I/We (the "Authorized Agent"), the undersigned, certify, warrant, and represent that as the AA, I/We have the full legal right and authority, and know of no other living person who has a superior priority right under state law to authorize the cremation, processing, and the disposition of the named Deceased below, have made all reasonable efforts to contact each person(s) with a superior right to learn of their wishes, know of no document expressing the Deceased's wishes for final disposition that would direct such final disposition, and hereby request and authorize St. Fort's Funeral Home to take possession of and make arrangements of:

Name of Deceased: _____

Date of Death: _____ County of Death _____ Date of Birth _____

Please initial the highlighted areas and sign on Authorized agent

AA further authorizes the Crematory to perform the cremation and agrees to indemnify, release, and hold harmless St. Fort's Funeral Home and Crematory, and their affiliates, agents, employees, representatives and assigns from any and all loss, damages, liability, costs, expenses, or claims resulting from this Authorization (including attorneys' fees and expenses and litigation) In connection with the cremation and disposition of the cremated remains of the Deceased, or AA's 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 cremated remains.

1. AA authorizes Crematory to remove and dispose of handles, ornaments, and other noncombustible items attached to the cremation container prior to the cremation.
2. Implanted mechanical or radioactive devices in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. AA authorizes Crematory and their agents, and employees to remove any such mechanical devices from the remains of the deceased prior to cremation, and dispose of such items at its discretion.

a. AA certifies that the remains of the deceased ____ Does or ____ Does not contain any type of _____ implanted pacemaker, prosthesis silicone, mechanical and radioactive devices.

b. Description of Device _____ Disposition _____

3. AA understands that cremation is an irreversible and final act of disposition. Certain items, but not limited to body prosthesis, dentures, dental fillings and bridgework and any other personal effects

accompanying the remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains and disposed by the Crematory.

4. [redacted] AA is responsible for removing any personal effects or items of value from the Deceased. AA hereby acknowledges that no items of value were delivered with the human remains to the Crematory.

5. [redacted] AA understands and acknowledges that, unless given 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.

6. [redacted] AA understands and acknowledges that, if a period of 120 days from the date of cremation, the cremated remains have not been claimed after reasonable attempts to contact the AA, the AA authorizes and directs St. Fort's Funeral Home to dispose of the unclaimed cremated remains in any manner it deems appropriate under state law.

Signature of Authorized Agent for Cremation

Authorized Agent Name: _____

Relationship: _____

Telephone number _____ Other information _____

Address _____

City _____ State _____ Zip code _____

Signature: _____ **Date** _____

Funeral Home Witness _____ **Date** _____