



Cremation Authorization

I, the undersigned (the "Authorized Agent") hereby authorize and request BEST CARE CREMATION (the "Funeral Home") and Arlington Crematory (the "Crematory"), in accordance with and subject to their rules and regulations and any applicable federal, state, county, or local laws or regulations to cremate the human remains of:

Name of Deceased: _____
Who died at, City: _____ in the state of **Florida**
on the date of: _____ at (time) _____

and to arrange for the final disposition of the cremated remains of said deceased in the manner set forth below:

- (1) I have identified the deceased OR I waive my right to identify the deceased prior to the cremation.
- (2) I certify that I have the legal right to make this authorization. I am not aware of any living person(s) who have a superior priority right above myself
- (3) I have consulted with all family members of the deceased and certify that none have objected to cremation of the deceased.
- (4) I certify to Funeral Home and/or Crematory that I have personal knowledge of the decedent's desire for cremation

Some implanted devices may explode, leak, and/or cause damage to the crematory and its personnel. Your failure to accurately answer the following questions will result in your being fully responsible for any and all damage that may occur to the crematory and/or its personnel.

- (YES) (NO) Does the Decedent's remains contain any silicone implants?
(YES) (NO) Does the Decedent's remains contain any pacemaker or radioactive devices?
(YES) (NO) Does the Decedent's remains contain any other devices which are implanted or attached?

If the answer is YES to any of the questions above, describe here: _____

If any of the above questions has been answered "YES", I authorize Funeral Home and/or Crematory to arrange for removal and proper disposal of any implants or devices which have the potential to damage the crematory and/or its personnel.

Instructions for Disposition of Cremated Remains

Disposition of Cremated Remains

If the cremated remains are not claimed within 120 days, your signature below will act as your full or complete authority to dispose of the cremated remains by scattering them at sea in the Gulf of Mexico off the Coast of Pinellas County, FL at your expense. The funeral home shall further be authorized to dispose of the urn or container in a non-recoverable manner. The funeral home is relieved of any responsibility to receive additional approval for this unclaimed scattering.

If you have instructed the funeral home to dispose of the cremated remains by scattering at sea, or if it becomes necessary for the funeral home to dispose of the cremated remains by scattering at sea, your signature below is your acknowledgement that you are aware that scattering at sea is an irreversible form of disposition of cremated remains. The cremated remains will not be recoverable following the scattering at sea.

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. YOUR SIGNATURE BELOW CERTIFIES THAT YOU HAVE READ, UNDERSTAND AND AGREE TO ALL ITEMS ON THIS CREMATION AUTHORIZATION. CREMATION IS FINAL AND IRREVERSIBLE. YOUR SIGNATURE BELOW WARRANTS THAT ALL REPRESENTATIONS AND STATEMENTS HAVE BEEN MADE TO INDUCE THE FUNERAL HOME AND THE CREMATORY TO CREMATE THE DECEDENT NAMED ABOVE.

Signature of Authorizing Agent: _____ Date: _____
Name of Authorizing Agent: _____ Relationship: _____

Signature of Witness: _____ Print: _____

Method of Identification of Authorizing Agent: _____