

**Cremation Authorization**

Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veteran: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned (the “Authorizing 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

On The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm.

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 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.

Viewing Before Cremation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instruction for Disposition of Cremated Remains**

Urn Selection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Considerations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 remained 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorizing Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cremation and Crematory Process**

**(1)** In compliance with FL law no cremation will take place until at least 48 hours have passed following the death.

**(2)** In compliance with FL laws and regulations no cremation will take place until all civil and medical authorization and all required permits have been received and/or issued.

**(3)** No cremation will take place unless this authorization has been properly and fully completed by all parties requested by funeral home and/or crematory.

**(4)** No cremation will take place if funeral home and/or crematory has been notified of any objections to cremate.

**(5)** Unless other arrangements have been made with funeral home and/or crematory, the cremation will be performed at the discretion of the crematory, as their schedule permits.

**(6)** Metal cremation containers are not acceptable for cremation. All cremation containers/caskets must meet the following standards:

(a) Be composed of materials that are readily combustible and suitable for cremation.

(b) Be able to be closed to provide a complete covering of the deceased.

(c) Be resistant to leakage or spillage.

(d) Be of sufficient strength to hold the deceased.

(e) Be accompanied by a MSDS sheet or have a MSDS sheet on file with the crematory.

(f) Be able to provide protection for the health and safety of the crematory personnel.

**(7)** Some cremation containers/caskets may contain exterior parts such as decorative handles or rails that are not combustible and that may cause damage to the cremation equipment, the crematory reserves the exclusive right to remove these non-combustible materials prior to the cremation and to discard them with similar materials from other cremation containers/caskets in a non-recoverable manner.

**(8)** All cremations will be performed individually; NO exceptions will be made in this cremation policy.

**Cremation Process**

Cremation is accomplished by placing the deceased, contained within an approved cremation container/casket, into a cremation chamber or retort, where they are subject to intense heat and flame. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased to facilitate a complete cremation. Through use of a suitable fuel, natural gas, incineration of the cremation container/casket and its contents are accomplished and all substances are consumed or driven-off, except bone fragments (calcium compounds) and metal, including dental gold and silver and other non-human material, as the temperature is not sufficient to consume them.

Any personal possessions or other items, such as dental gold, jewelry, body prosthesis or bridgework, that are left with the deceased for the cremation will be destroyed of, and if not destroyed, will be disposed of by the crematory. As the cremation container, casket will not normally be opened at time of cremation; arrangements must be made prior to cremation for the removal of such possessions or items.

Following a cooling period, the cremated remains, which will normally weigh several pounds, are swept or raked from the cremation chamber. The crematory makes every reasonable effort to remove all the recoverable cremated remains from the cremation chamber, however, it is not possible to completely remove the cremated remains as some dust and other residue from the cremation process is always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is reasonable.

After the cremated remains are removed from the chamber, all non-combustible material, insofar as possible, such as bridgework and materials from the cremation container/casket, such as hinges, latches, nails, etc. will be separated from the human body fragments by visible or magnetic selection and be disposed of by the crematory with similar materials from other cremations in a non-recoverable manner.

Unless otherwise instructed, after the bone fragments have been separated from the other materials, they will be mechanically processed and pulverized. This process of crushing or grinding may cause incidental commingling of the cremated remains with the residue from previously processed cremated remains; these granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

**Witnessing the Cremation**

Witnessing of the cremation is permitted only if arrangements are made with the funeral home at least 24 hours in advance of the cremation.

**Urns/Containers**

Following processing of the cremated remains the crematory will place all the recoverable processed cremated remains in the urn or container. In the event that the urn or container is insufficient to accommodate all the cremated remains, the cremated remains will be retained by the crematory until an urn or container of sufficient size is provided to them.