

AUTHORIZATION FOR CREMATION AND DISPOSITION

Fuller Brothers Funeral Home

190 North Powerline Road
Pompano Beach, Florida 33069
(954) 366-3758

THIS SPACE FOR CREMATION USE ONLY

Cremation # _____

Cremation Date _____

DECEASED'S NAME _____

Date and Time of Death _____ **Place of Death** _____ **Sex** _____ **Age** _____

I hereby request and authorize **Fuller Brothers Funeral Home** to take possession of and make arrangements for the cremation of the Deceased's remains at **Atlantis Crematorium**. To induce the Funeral Home and the

Crematory to cremate, process and dispose of the Deceased's remains, I, the undersigned, hereby certify, warrant, represent and acknowledge (**by initialing item 1-6 below**) that:

1. _____ I have the full legal right and authority to authorize the cremation, processing and disposition of the Deceased's remains.
2. _____ I have read and understood the crematory requirements, procedures, and policies contained on the back side of this contract.
3. _____ I have not been denied the opportunity to personally identify the Deceased's remains and assume full responsibility for the identification of the Deceased's remains.
4. _____ I understand that if I wish to remove or retain any item from the Deceased's remains, I must do so directly or by authorized agent prior to the cremation process.
5. _____ I give permission for the funeral home or its duly authorized agent to remove and dispose of any pacemaker or other type of implanted mechanical or radioactive device.
6. _____ I understand that in the event the cremated remains have not been permanently picked up by me or by my designated representative within 120 days from the date of cremation, the Funeral Home is authorized and directed to dispose of the unclaimed remains in any lawful manner.

DISCLOSURES

Are there special instructions? Yes _____ No _____ Describe _____

The Deceased has the following implanted mechanical or radioactive devices and/or prosthetic devices: _____

At the time of Deceased's death did he have a disease that was infectious, communicable or dangerous to public health?
_____ Yes _____ No If yes, please explain. _____

Has the Deceased ever been treated with therapeutic radionuclides? Yes _____ No _____
If yes, on what date was the treatment administered? _____

Description of urn or container selected
Suitable for shipping Yes _____ No _____

NOTE: In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated human remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

ORDER FOR DISPOSITION

I authorize the Crematory to cremate and process the Deceased's remains and to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I 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 hereby authorize the Crematory to arrange for the disposition of the cremated remains of the Deceased as follows:

Deliver to: _____ Cemetery. _____

Phone: _____ Address _____

Release to family member

Phone: _____ Address _____

Scattering at sea by Funeral Home or Funeral Home's agent.

Ship via _____

To: Name _____ Address _____

Other _____

SIGNATURE AND INDEMNITY

(If the legal next of kin is not signing below, a written statement of explanation must be completed by the person signing below.)

I declare under penalty of perjury that the foregoing information is true and correct, and that I make this statement to induce Funeral Home and Crematory to cremate or cause to be cremated the remains of the Deceased. I agree to hold harmless, indemnify and defend Funeral Home and Crematory against any claims, liabilities, damages, cost or expenses, including attorney fees, which may result from this Authorization and Order, including without limitation claims that arise from or relate to shipping, identity, kinship, explodable or harmful implant, infectious disease, or other persons claiming rights to control disposition of the Deceased's remains.

Witness _____

X _____

Signature of person claiming legal right to control disposition

Witness _____

Printed Name: _____

Relationship: _____

Address: _____

FOR THE FUNERAL HOME:

Authorized Representative

Telephone No. _____

Date: _____ 20 _____

CREMATORY REQUIREMENTS, PROCEDURES, AND POLICIES

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, and the requirements, procedures and policies of the Crematory and the designated Funeral Home.

CREMATORY'S REQUIREMENTS FOR CREMATION

(Cremation will take place only after **all** the following conditions have been met.)

1. Any scheduled ceremonies or viewing which require the presence of the Deceased have been completed.
2. Civil and medical authorities have issued all required permits. Cremation will take place within ten days after issuance of all permits.
3. All necessary authorizations have been obtained, and no objections have been raised.

CASKETS/CONTAINERS

The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible 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 noncombustible materials, Crematory is authorized to remove the Remains of the Deceased prior to cremation and place them in a combustible cremation container. Crematory is further authorized to dispose of any such noncombustible casket in any lawful manner.

BRIEF EXPLANATION OF THE CREMATION PROCESS

Cremation is performed by placing human remains in an individual cremation container or prepared casket within the cremation chamber where they are subjected to intense heat and flame. Upon completion of the calcine cycle, all substances are consumed or driven off, except bone fragments (calcium compounds), metal, and other nonhuman material. The remains (consisting of bone fragments, metal, etc.) are then raked from the chamber. The cremated human remains will be separated from most metal and other nonhuman material to which may be attached bone particles or other human residue. These material will be disposed of by the Crematory in a nonrecoverable manner. Jewelry, dental bridgework, and dental fillings will be either destroyed in the cremation process or will be nonrecoverable. The cremated human remains are then mechanically processed (pulverized). Once processed, the cremated human remains are then placed in the specified urn or container. The Crematory makes a reasonable and prudent effort to remove and recover all of the cremated remains from the cremation chamber, processing equipment and other subsequent tools or containers. It is impossible to remove or recover all cremated remains; some bone particle and other residue will remain on or within the equipment. It is also impossible to guarantee or warrant that some bone particles or other residue could not be commingled with those of previously cremated human remains.