



AUTHORIZATION FOR CREMATION & DISPOSITION

I/We, the undersigned, certify and represent that I/we have full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of:

(“THE DECEASED”).

The undersigned further represents that he or she is not aware of any objection to the cremation of the deceased's human remains by others in the same class as the undersigned or of any person in a higher priority class. I/We hereby request and authorize Bevis Funeral Home (hereinafter referred to as the "CREMATION SERVICE") to take possession of and make arrangement for the cremation of the remains of the deceased at North Florida Crematory ("THE CREMATORY") which is owned and operated by Bevis Colonial Funeral Home, Inc. 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 Cremation Service. The cremation will be completed within 3 days following all required approvals, pursuant to FS 497.607(1).

The cremation processing/disposition of the remains of the Deceased authorized herein shall be performed in accordance with all the governing laws, the rules, regulations and policies of the Crematory and Cremation Service with the following terms and conditions:

- 1) 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 handles, ornaments and any other non-combustible items. In the event the remains of the Deceased are received by the Crematory in an unfit container, I/We authorize the remains of the Deceased to be placed in a combustible cremation container. I/We further authorize the Cremation Service or Crematory to make disposition of any such unfit container in any lawful manner it deems appropriate.*
- 2) Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive devices. In the event the remains of the Deceased contain such a device I/We hereby authorize the Cremation Service to arrange for such mechanical devices to be removed from the remains of the Deceased, and dispose of them at its discretion.*
- 3) The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation.*
- 4) Certain items, but not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains may be destroyed during the cremation process. I/We authorize that if any items, other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the crematory. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all non-combustible materials and to dispose of such materials.*
- 5) Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in the urn or other container.*
- 6) In the event an urn or container is insufficient to accommodate all of the Cremated Remains of the Deceased, any excess will be placed in a secondary container and returned to the Cremation Service together with the primary urn or container.*
- 7) I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts it is not possible to recover all particles of the cremated remains of the Deceased and that some particles may inadvertently become co-mingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process cremated remains. I/We hereby authorize the crematory to dispose of any such residue particles in any lawful manner it deems appropriate.*
- 8) Unless I/We give 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 religious or ethnic customs.*
- 9) In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Cremation Service shall give written notice to me/us by certified mail at the addresses indicated below. I/We agree, in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date written notification is mailed, the Cremation Service is authorized to dispose of the unclaimed remains of the Deceased in any manner deemed appropriate.*
- 10) I/We agree to indemnify, release and hold the Cremation Service, Crematory, their affiliates and assigns, harmless from any and all loss, damages, liability or causes of action (including legal fees) in connection with the cremation and disposition of the the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, take possession of, or make permanent arrangements for, the disposition of such remains.*
- 11) Except as set forth in this authorization, no warranties expressed or implied are made by the Cremation Service, Crematory or any of their respective affiliates, agents or employees.*
- 12) I/We understand that this document does not contain a complete and detailed description of the cremation process.*

DECEASED: _____ DOD: _____ TOD: _____

DOCUMENTATION OF IMPLANTED DEVICES

I/We certify that the remains of the deceased **DO** _____ **DO NOT** _____ contain a type of battery-powered, implanted mechanical or radioactive device. Listed below are all the implanted mechanical and radioactive devices which the Cremation Service is authorized to have removed from the remains of the Deceased prior to cremation and dispose of as indicated:

Device(s): _____ Disposition(s): _____

If no instruction for disposition is given for items the Cremation Service will use its own discretion for disposition. By signing below to authorize cremation, you are also acknowledging and agreeing to this disclaimer.

INSTRUCTIONS FOR RELEASE OF CREMATED REMAINS

Description of container(s): _____

☐ Release to authorized representative: _____

☐ Ship via U.S.P.S. Registered Mail* to:

Name & Address: _____

☐ Other/Special: _____

**Cremation Service/Crematory are not responsible for any loss/damage of cremated remains shipped via U.S.P.S Registered Mail.*

PERSON(S) ACKNOWLEDGING TERMS & CONDITIONS AND AUTHORIZING CREMATION & DISPOSITION

Name: _____ Signature: _____ Relationship: _____

Name: _____ Signature: _____ Relationship: _____

Name: _____ Signature: _____ Relationship: _____

Name: _____ Signature: _____ Relationship: _____

AUTHORIZED CREMATION SERVICE REPRESENTATIVE

Name: _____ Signature: _____ Date: _____

NOTARY (IF APPLICABLE)

The foregoing instrument was sworn to and subscribed before me this _____ day of _____, 20__ by _____ who is/are personally known to me or who has/have produced the following as identification: _____ Stamp/Seal:

DECEASED: _____ DOD: _____ TOD: _____