



INSTRUCTIONS FOR COMPLETING FORMS

The attached forms are necessary for the prompt completion of the cremation. They require your signature and/or initials in several places.

Each place where you need to initial or sign is marked. Please remember that your signatures must be notarized, so you must sign in the presence of a Notary Public.

If you are uncertain where to obtain notary service, we suggest you check with your local bank, or local document service stores such as *The UPS Store, Mail Boxes Etc.*, or consult your local yellow pages.

After completing and signing the documents, they should be faxed to us at:

(850) 385-2193

After faxing, it is very important that you send us the original papers promptly through the mail. Please mail to:

Bevis Funeral Home
2710 North Monroe Street
Tallahassee, FL 32303-4030

We may not proceed with the cremation without these signed documents.

Please call us anytime if you have questions:
(850) 385-2193

Authorization for Cremation and 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").

Date of Death _____ Time: _____

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 AmeriCare Funerals & Cremations (hereinafter referred to as the "Cremation Service") to take possession of and make arrangement for the cremation of the remains of the deceased at the selected crematory ("the Crematory").

We authorize the crematory to release the remains of the deceased to the possession and custody of the Cremation Service. 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).

I/We hereby authorize the Cremation Service to arrange for the disposition of the deceased as follows:

Description of container to hold ashes: _____

Deliver to:

- ☐ Release to Family / Representative: _____
- ☐ Scattering at sea by the Cremation Service or Cremation Service's agent
- ☐ Ship via U.S.P.S. Registered Mail* to:
Name: _____
Address: _____
City, State, Zip Code: _____
- ☐ Other/Special: _____

* Cremation Service and Crematory are not responsible for any loss or damage of cremated remains shipped via United States Postal Service Registered Mail.

The cremation processing and 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 and the following terms and conditions:

1. 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 non-combustible 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 non-combustible material, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Cremation Service or Crematory to make disposition of any such non-combustible 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, its agents and employees, to arrange for such mechanical devices to be removed from the remains of the Deceased prior to cremation, and dispose of them at its discretion. I/We certify that the remains of the deceased

- ☐ **DO**
- ☐ **DO NOT**

contain any type of 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_____	Disposition_____
Device_____	Disposition_____

If no instruction for disposition is given for items the Cremation Service will use its own discretion for disposition.

- ☐ **Initial Here**

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.

Name of Deceased_____Date of Death_____Time_____

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.

5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all non-combustible materials including but not limited to hinges, nails, jewelry, and precious metals and to dispose of such materials.

6. 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.

7. Unless an urn or suitable container for shipment is purchased, the crematory will place remains of the Deceased in a container which is not designed for any type of shipment.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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 attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of 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.

Name of Deceased _____ Date of Death _____ Time _____

13. 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.

14. I/We understand that this document does not contain a complete and detailed description of the cremation process.

Signature of Person(s) Authorizing Cremation and Disposition

Signature: _____ Print Name _____

Relationship _____

Address: _____

Telephone: _____

Witness/Cremation Service Representative:

Signature: _____ Print Name _____

Date: _____

NOTARY

(Required if document is not witnessed by the Cremation Service Representative)

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:

Type of Identification: _____

Signature of person taking acknowledgement: _____

Notary Seal (Rubber Stamp and Expiration)

Name of Deceased _____ Date of Death _____ Time _____