All Veterans-All Families Cremations LLC

504 N. Indiana Ave., Englewood, Florida 34223
Phone (941) 460-6324 * Fax (941) 460-3790

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 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 All Veterans-All Families Cremations LLC (hereinafter referred to as the "Cremation Service") to take possession of and make arrangement for the cremation of the remains of the deceased at Brasota Services, Inc. ("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. I/We hereby authorize the Cremation Service to arrange for the disposition of the deceased as follows:

The cremation will be completed within 3 days following the required approvals, pursuant to F.S. 497.607(1).

Description of container(s) to hold ashes: _____

_____ Release to Family / Representative: _____

_____ Scattering at sea by the Cremation Service or Cremation Service's agent: _____

_____ Ship via USPS Priority Express Mail* to: _____
*Cremation Service and Crematory are not responsible for any loss or damage of cremated remains shipped via the United States Postal Service Priority Express Mail.

VERIFICATION OF IDENTIFICATION

Describe Methods Used to Confirm Identification (e.g. photographs, scars, tattoos):

_____ Photograph Provided (Photo ID or recent snapshot)

_____ Other: _____

The undersigned, having declined to make identification through actual viewing of the remains of the above named deceased, hereby authorizes the Crematory and Cremation Service to perform identification verification through the means listed above and agrees to indemnify and hold harmless the Crematory and Cremation Service and its officers, directors, affiliates, and agents harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorney's fees and expenses of litigation) brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify.

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 **DOES ___ DOES NOT ___** contain any type of implanted mechanical or radioactive device. Listed below are 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 _____

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

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Name of Deceased_____ **Date of Death**_____ **Time**_____

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.
5. I/We hereby authorize the Crematory to separate and removed 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 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 instruction 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.
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.

Sign Here

Signature of Person(s) Authorizing Cremation and Disposition

S I g n a t u r e: _____

Print Name **Relationship**

Address: _____ **Telephone:** _____

Signature:_____

Print Name **Relationship**

Address: _____ **Telephone:** _____

Witness/Cremation Service Representative:_____

Date

Notary

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 identification:

Type of Identification_____

_____

Signature of person taking acknowledgement Notary Seal (Rubber Stamp and Expiration)

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CREMATION VERIFICATION AND DISPOSITION

When the cremation of _____ is complete the cremated remains will be received by or delivered to:

_____

_____

Additional services may be requested here (Fees that apply will be demonstrated):

Retain a set of thumbprints ($25.00) _____Yes _____ No

Retain lock(s) of hair ($25.00) _____ Yes _____ No

Simple Identification Viewing ($195.00) _____ Yes _____ No

Witness Cremation ($195.00) _____ Yes _____ No

_____ _____ _____
Signed Relationship Date

_____
Witnessed