

## **Cremations America Central Florida**

809 East Oak Street, Suite #104 Office No. (407) 350-5702 Kissimmee, Florida 34744 Fax No. (407) 350-5704 Website: www.cremationsamericacfl.com

## **CREMATION AUTHORIZATION**

<b>Central Flo</b>	signed, certify, warrant and repririda LLC, Lic# F199102 and/o	or their agents to remove, tak	e possession of, transport and	arrange for the final	
the	for the remains of:lay of	at am/nm I the	who died in	County, Florida on	
legal right at	nd authority to authorize Crem	ations America Central Flo	orida LLC to make arrangement	ents for the cremation and	
		or Ship) If pick up, who is a	uthorized. If ship please write	address.	
	on shall be performed in accordance or the state of the crematory, the state of the			es of Cremations America	
1. The rema	ins of the deceased must be in	a combustible, leak resistant,	rigid container. Initial:		
_	nt damage to the cremation cha h as pacemakers, etc.). <b>Initial</b>		al of any type of implanted me	chanical or radioactive	
	ersigned understands that the Moour waiting period is required b				
120 days, Ca	and that Florida Statute, Section remations America Central Flor oppropriate. <b>Initial:</b>	rida LLC is authorized and d		•	
employees a attorney's fe	o indemnify, release and hold C and assigns, harmless from any es and expenses of litigation) in terein. <b>Initial:</b>	and all personal property los	s, damages, liability or causes	of action (including	
6. Cremated	d remains will be ready to be p	picked up 7-10 business day	s from the date of arrangem	ents. Initial:	
	pelow, I warrant that all represe the provisions contained in this		e herein are true and correct ar	nd that I have read and	
	SIGNATURE OF AUTI	HORIZING AGENT(S) FO	OR CREMATION AND DIS	POSITION	
C: otumo	,	1		1	
Signature	Authorizing Agent	Print Name	Relationship to Decedent	Date Time	
Address	Street	City	State ZIP	Telephone	
Signature	Authorizing Agent	Print Name	Relationship to Decedent	Date Time	
Address		/		()	
Notary or F	Street uneral Director:	City	State ZIP	Telephone	
Name (Typed or Printed)		Signature	Notary Stamp or FD License Number		