

AUTHORIZATION FOR CREMATION

Haisley Funeral & Cremation Service

3015 Okeechobee Road 2041 SW Bayshore Blvd.
Ft. Pierce, Florida 34947 Port Saint Lucie, Florida 34984
(772) 461-5211 (772) 879-1000

Pacemaker { } Yes { } NO
Permit No. _____
I.D. No. _____
Date _____

The State of Florida requires that this Authorization form be completed and signed prior to the cremation. Please read carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 6 of this Authorization form prior to signing it.

*Please be advised Haisley Funeral & Cremation Service takes fingerprints when obtainable.

THIS AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

1. IDENTIFICATION OF THE DECEDENT

Name of the Decedent: _____
Date of Death: _____ Time of Death: _____
Place of Death: _____
Sex: _____ Age: _____
Date of Birth: _____ Social Security Number: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING TWO METHODS:

_____ The Authorizing Agent has viewed the remains and positively identified them as the body of the decedent.
(Initials)

_____ The personal representative of the Authorizing Agent has viewed the remains and positively identified them as
(Initials) the Body of the Decedent.

_____ Family declined identification of the decedent.
(Initials)

2. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____

Address of Authorizing Agent: _____

Telephone Number: _____

The Authorizing Agent represents that the relationship between the Authorizing Agent and the Decedent is as follows:

- A. _____ Surviving Spouse of the Decedent at time of Death.
- B. _____ The person designated by the Decedent in an Antemortem Preneed Authorization form to arrange the cremation.
- C. _____ The Executor or Administrator of the Decedent’s estate who has written instructions by the Decedent authorizing this cremation.
- D. _____ An adult child of the decedent. If the Decedent had more than one surviving adult child, the Authorizing Agent represents that all of the Decedent’s other adult children have signed the cremation authorization.
- E. _____ A parent of the Decedent or, if the decedent was under the age of 18, the parent, guardian or custodian of the Decedent. If the other parent of the Decedent is still alive, the Authorizing Agent represents that the other parent has been notified of the Decedent’s death and of the plans to cremate the Decedent’s remains, and has not expressed an objection to the cremation.
- F. _____ The person in the next degree of kinship to the Decedent after those listed above (a) through (e).
- G. _____ A representative of a nursing home, rest home, adult care facility or hospital which has been designated in a duly executed Antemortem Cremation Authorization as the institution to make arrangements for the final disposition of the Decedent’s remains.
- H. _____ In the absence of any individual listed above in (a) through (g), an individual willing to assume the responsibility of serving as the Authorizing Agent.

3. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following two statements accordingly:

(Initials) As Authorizing Agent, I have checked a box in Section 2 above. I understand that any living person who meets the qualifications of any box above the one I checked would have a superior right to act as the Authorizing Agent.

OR

(Initials) As Authorizing Agent, I am aware of a living person or person(s) who has a superior priority right to act as Authorizing Agent. I have made reasonable efforts to contact such person(s) and have been unable to do so. I have no reason to believe that the person(s) with the superior priority right would object to the cremation of the Decedent.

4. PACEMAKERS, IMPLANTS, PROSTHETICS

Pacemakers, radioactive, silicon, or other implants, mechanical devices or prosthetics may create a hazardous condition when placed in the cremation chamber and subjected to heat. The following list describes all devices (including mechanical, prosthetic, implants or materials) which may have been implanted in or attached to the Decedent. If the crematory does not receive proper notice, the family and/or undersigned shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances.

Description of Devices _____

Please initial one of the following statements:

(Initials) The remains of the Decedent do not contain any of the devices described above.

OR

(Initials) As Authorizing Agent, I instruct the Funeral Home to remove each device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such devices.

(Check) The devices listed below are to be removed and returned to the Authorizing Agent:

5. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible materials also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the crematory, in its discretion, to remove and discard the non-combustible material. I understand that some crematories will not accept metal caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

Casket or Alternative Container Selected: _____

6. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber where they are subjected to an intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the

incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental, gold and silver and other non-human material) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental, gold, or jewelry (as well as any body prosthesis or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to the cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are cremated.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average size adult, are then swept or raked from the cremation chamber. Although the operator will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains will often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

7. AUTHORIZATION TO CREMATE AND PULVARIZE

_____: As Authorizing Agent, I have read and understand the description of the cremation process contained in section 6 (Initials) above and authorize the cremation, processing and pulverization of the remains of the Decedent.

8. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Funeral Home to undertake the actions set forth below to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the crematory or Funeral Home utilize registered U.S. Mail with a return receipt or shipping service that uses an internal system for tracking the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

Please initial or check the applicable options selected:

(check) Deliver to _____ cemetery where arrangements have already been made.

(check) Deliver or release to: Name: _____ Relationship: _____

Type of Container: _____

(Initials) The Authorizing agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Funeral Home shall hold the cremated remains for 120 days after cremation. If during that 120 day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Funeral Home may return the cremated remains to the Authorizing Agent at the address listed in section 2. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within 120 days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements for final disposition have not been carried out within 120 day period because of inaction of a party other than the Funeral Home, then the Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Funeral Home immediately upon receipt of an invoice.

