



Aaron's Low Cost Cremation and Funeral, L.L.C.

2201 Wilton Drive • Wilton Manors, FL 33305 • Office: 833-227-6671 • Fax 833-227-6670

AUTHORIZATION FOR CREMATION

DECEASED

DATE

PERMIT NUMBER

I (we) Represent that I (we) am (are) the legal next of kin to the below named deceased and have full legal authority to order the cremation. I (we) further state that I (we) are not aware of any living person who has superior right to authorize this cremation. In the event there is another living person who rights supersede mine (ours), I (we) state all reasonable efforts have been made to contact this person(s) and to the best of my (our) knowledge, this person(s) would not object to the cremation. I (we) agree to hold the crematorium, funeral home, funeral director and it's agents harmless from any and all liability on account of said authorization. I (we) am advised as per this document; the crematory will separate and remove foreign matter from the cremated human remains before they are processed and returned to the authorizing agent of this cremation. The undersigned as well knows that the State of Florida requires a forty eight (48) hour waiting period before cremation takes place and **subject to the County Medical Examiner's approval. I (we) also understand that the waiting period may be as long as eight (8) business days and I/we waive our right of identification on the direct cremation of: the above named deceased. (SIGN) X** _____.

UNLESS ARRANGEMENTS ARE MADE OTHERWISE I (WE) WILL PICKUP THE SAID TO BE HUMAN CREAMATED REMAINS OF _____ WITHIN TEN (10) BUSINESS DAYS OF COMPLETION (INCLUDING ALL NECESARRY SIGNATURES AND APPROVALS RECEIVED) OF THE CREMATION PROCESS. AFTER THE 120TH DAY FROM THE DATE OF CREMATION AARON'S LOW COST CREMATION & FUNERAL LLC, OR ANY OF IT'S AGENTS WILL HAVE NO RESPONSIBILITY FOR THE SAID TO BE HUMAN CREAMATED REMAINS OF _____ AND MAY DISPOSE OF THEM IN ANY LEGAL MANOR IN ACCORDANCE WITH FLORIDA STATE LAWS AND STATUTES (SECTION 470.0255).

NOTE: We assume no responsibility for said to be cremated human remains after delivery to the United States Post Office, or any other agent or person(s). The delivery time will usually be six (6) to 10 (ten) business days. I (we) understand that I (we) will not set any memorial or service date or time until I (we) are in receipt of said cremated human remains (**initial**) _____.

I (we) request and authorize Aaron's Low Cost Cremation & Funeral, LLC and its agent(s):

_____ To cremate the said to be human remains of: _____
Who died at _____ AM PM at _____
On the _____ day of _____, _____.

Disposition

- Authorized to be returned to: _____ in _____
- Scatter in ocean, to be completed by Crematory, Funeral Home or its agent(s)
Family to dispose of cremains: _____
- Mail to: _____

Phone: _____ IN: _____

Signature of Authorization: _____ Print name: _____

Address: _____
Relationship: _____ Phone: _____

Delivered to/or Picked up by: Date: _____

Signature of Authorization: _____ Print name: _____

Address: _____
Relationship: _____ Phone: _____

Witness: _____ Print name: _____ License Number: _____