

American Cremations, Inc.  
1000 W. McNab Road  
Pompano Beach, Florida 33069

**CREMATION AUTHORIZATION**

Date: \_\_\_\_\_ Permit Number: FO41518-\_\_\_\_\_

The undersigned hereby request and authorizes, in accordance with and subject to our rules and regulations, as well as the State of Florida, to cremate the remains of: \_\_\_\_\_

\_\_\_\_\_  Male  Female, Age: \_\_\_\_\_

who died in the city of: \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ M.(time). The undersigned certifies and represents that \_\_\_\_\_ has the right to make such authorization and agrees to hold harmless Treasure Coast Crematory, and American Cremations, Inc. and the Direct Disposer from all liability on account of said authorization. The undersigned, as well, knows that the Medical Examiner's approval must be obtained before the cremation can take place and that a forty-eight (48) hour waiting period is required before the cremation can take place, subject to the approval of the Medical Examiner. Permission is also granted to remove a pacemaker if there is one in the body of the deceased. The undersigned is also aware that after a period of one hundred twenty (120) days after the cremation, if the cremains have not been claimed, then the funeral home, according to Florida Statutes, section 497.607, can dispose of the cremains, which will be scattered at sea. Cremains will be ready to be picked up after ten (10) business days from the date of death.

\_\_\_\_\_  
Signature of Authorization

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Funeral Director / License #

\_\_\_\_\_  
Relationship of Deceased

\_\_\_\_\_  
Medical Examiner Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Medical Examiner Approval #

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Medical Examiner Approval

\_\_\_\_\_  
Phone Number

URN:  Yes  No

SCATTER:  Yes  No

\_\_\_\_\_  
Cell Phone Number

Type of Urn: \_\_\_\_\_

Special instructions: \_\_\_\_\_

County of \_\_\_\_\_

**✓ YOUR SIGNATURE MUST BE NOTORIZED**

State of Florida

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced the following as identification: \_\_\_\_\_

\_\_\_\_\_  
Signature of person taking acknowledgement