

AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION
IDENTIFICATION

I (We), the Undersigned (the "Authorizing Agent (s)"), hereby request and authorize **BROWN FUNERAL HOME** (hereinafter referred to as "Funeral Home") to take possession of and make arrangements for the cremation of and final disposition of the Decedent named below (the "Decedent") in accordance with and subject to the provisions set forth on the front and reverse sides of this document, at **NATURE COAST CREMATORY** (hereinafter referred to as the "Crematory") and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

Name of Deceased: _____ Sex: _____ Age: _____
Date of Death: _____ Time of Death: _____ Place of Death: _____
Funeral Director in Charge: _____

Did the Decedent die of natural causes? YES NO
Did the Decedent have any infectious or contagious disease? YES NO

If yes, explain: _____
Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in a cremation chamber.
All pacemakers and radioactive implants must be removed prior to delivery of the Decedent to the Crematory.

Do the Decedent's remains contain any such devices? YES NO - If yes, following is a list of all existing devices which may be implanted in or attached to the Decedent, and that should be removed prior to cremation:

We have arranged for the Funeral Home to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation. I understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them, that I/We are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

Cremation will take place after the following conditions have been met:

1. Any scheduled ceremonies or viewing have been completed.
2. Civil and medical authorities have issued all required permits.
3. All necessary authorizations have been obtained, and no objections have been raised.
4. 48 hours have transpired since the death occurred.

The crematory, or authorized agents, is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. The cremation will be completed within 10 days after all the above requirements have been met and barring any breakdowns in equipment. All cremations are performed individually. The crematory will only place the human remains of one individual in the cremation chamber at a time.

CREMATION PROCESS

Cremation is a technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing, and may include the pulverization of bone fragments. Please refer to the detailed description of the cremation process on the back of this form.

CASKETS / CONTAINERS

The Crematory requires either a casket or an alternative (cremation) container for the cremation. Please refer to the reverse side of this form for further details regarding the caskets / containers.

URNS/TEMPORARY CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.

Type of casket or cremation container selected: _____

Type of urn or container selected: _____

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

I (We) authorize the Crematory to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I (We) understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home. I (We) hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Decedent as stated below:

Initial _____ I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 120 days from the date of cremation, the Funeral Home is authorized to lawfully dispose of unclaimed cremated remains pursuant to statutes. I understand that disposal may include the commingling of the cremated remains with other cremated remains and that thereafter the remains of the Decedent shall not be recoverable.

Engrave urn exactly as follows: _____

In the event all the cremated remains do not fit in the receptacle I have chosen, I direct the Funeral Home, or its duly authorized agents to:

- _____ Return the balance of the cremated remains to me.
- _____ Dispose of the balance of cremated remains pursuant to statutes.
- _____ Other (describe) _____

NOTE: URN REQUIRED BY FUNERAL HOME FOR MAILING OR STORAGE.

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY OR SHIPMENT OF SAID CREMATED REMAINS (INITIAL ONE)

Initial _____ Deliver said cremated remains to:

_____ For the purpose of:

Initial _____ Place in storage. (URN REQUIRED BY FUNERAL HOME) To be claimed within 120 days. If unclaimed within 120 days, I understand that the cremated remains will be disposed of pursuant to statutes, and the urn will be disposed of without further notice or authorization.

Initial _____ I appoint the Funeral Home as my agent to make shipment of said remains via the U.S. Postage Mail (certified, return receipt), or scheduled air shipment (PROPER CONTAINER OR URN REQUIRED BY COMPANY). I am aware that the Funeral Home's services have been fully completed when the cremated remains leave the Funeral Home and that the Funeral Home is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Funeral Home assumes no responsibility after delivery to the Post Office, common carrier or agent. Ship to:

Initial _____ Deliver to: _____ Cemetery for the purpose of interment/entombment.

(I understand there may be a separate charge for this service at the cemetery):

_____ Placement of cremated remains in a community vault; I understand that cremated remains placed in a community vault are commingled with other cremated remains and can never be recovered.

_____ Placement of cremated remains in niche.

_____ Placement of cremated remains in cremorial.

_____ Interment of cremated remains in ground cremation space.

Initial _____ Other: _____

I (We) hereby certify that the Decedent left the following surviving heirs at law:

Spouse YES ___ NO ___ Name: _____

Children YES ___ NO ___ How many? ___ Names: _____

Parents YES ___ NO ___ How many? ___ Names: _____

Siblings YES ___ NO ___ How many? ___ Names: _____

Other: Names and Relationship: _____ Names: _____

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person (s) signing below as Authorized Agent.

Separate authorization (s), if necessary, shall be attached to, and considered part of, this form.

DISCLOSURES, WARRANTIES AND PERMISSIONS (INITIAL EACH)

_____ I/We certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains.

_____ I/We the undersigned, hereby certify that I am the closest living next of kin of the Decedent and that I am related to the Decedent as his/her _____ or that I otherwise serve (served) in the capacity of _____ to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.

_____ I/We have been offered the opportunity to personally identify the remains and assume full responsibility for the identity. I give permission for the Funeral Home to photograph the Deceased prior to cremation for identification purposes and give permission for the Funeral Home to maintain that photograph in their files.

_____ I/We give full permission for the following:

A. The incidental or inadvertent commingling of the cremated remains.

B. The processing of the remains and resulting incidental commingling of the cremated remains.

C. The disposal by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.

_____ I/We understand that if I wish to remove and/or retain any items from the remains, I must do so directly or by authorized agent prior to the cremation process.

INDEMNITY

I/We declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Funeral Home and Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Funeral Home and Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, expressed or implied, are made and damages shall be limited to the amount of the cremation fee paid.

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this cremation authorization form, as Authorizing Agent (s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Home and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on the front and back of this document.

Executed at _____ this _____ day of _____, 20_____.

Name: _____

Signature: _____

Relationship to Decedent: _____

Phone No.: _____

Name: _____

Signature: _____

Relationship to Decedent: _____

Phone No.: _____

Name: _____

Signature: _____

Relationship to Decedent: _____

Phone No.: _____

Signature of Funeral Director as Witness for Signature (s) of Authorizing Agent (s): _____

ACCEPTED BY: NATURE COAST CREMATORY

BY: _____