



PREMIER
FUNERAL SERVICES
AND CREMATIONS, INC.

Palm Beach: 730 N. Dixie Highway, Lake Worth, Florida 33460
 Direct Line: **(561) 533-8855** Fax: (561) 582-7075

Broward: 3889 Powerline Road, Oakland Park, Florida 33309
 Direct Line: **(954) 717-4273** Fax: (954) 717-4275

www.premierfuneralservices.com
 email: johnrknepik@gmail.com

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 Premier Funeral Services and Cremations, Inc. and the Funeral Director 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