

AUTHORIZATION FOR CREMATION AND DISPOSITION

THIS IS A LEGAL DOCUMENT READ IT CAREFULLY BEFORE SIGNING. CREMATION IS IRREVERSIBLE

I hereby request, authorize, and direct Just4cremation.com & Tri City Diversified Services, LLC (hereinafter "Crematory") to cremate in accordance with

the subject to its rules and regulations the remains of _____, whose date of birth is _____. The cremation will occur within 10-14 days of the date of death of _____, unless the Just4cremation.com (hereinafter cremation specialist) whom I have engaged (*and whose name is listed above*), and by whom Crematory was engaged as a subcontractor to perform the cremation, having made good faith efforts in that period to obtain the following required authorization, is unable by the end of that time to obtain same; (1) medical examiner approval for the cremation; or (2) signature of a physician on the death certificate as to cause of death. If the cremation is delayed due to the delay in receiving the above identified required authorizations, the cremation will occur within 48 hours after the receipt of the aforesaid required authorizations.

Terms and conditions of the performance of cremation:

- . I confirm that I have selected traditional flame-based cremation utilizing current 2016 technology and best practices to ensure compliance with all local and federal environmental standards.
- . I direct that the cremated remains be disposed of as follows:

Personal items, prostheses, dentures, dental fillings, and bridgework will generally be destroyed and are not recoverable following the cremation process. I authorize and direct the Crematory and/or Funeral Home, to remove or to have removed from the remains, without further authority, any mechanical or radioactive such devices (pacemakers, pain pumps etc.) prior to cremation. Any other metal items not identified in this paragraph which are not destroyed by the cremation process will become the property of and disposed of or recycled by the Crematory. I accept responsibility and agree to indemnify Lankford Funeral Home and Crematory against all claims for removing, or arranging to have removed and recycling, any of the noted items from the remains.

- . List known devices directed to be removed: _____
- . Container for cremation: _____
- . Special Instructions: _____

. I understand and agree that the remains must be stored before cremation, and then cremated in, a leak-resistant, rigid, combustible cremation container. Following cremation, the cremated remains, consisting primarily of bone fragments, will be processed, and mechanically pulverized to an unidentifiable consistency. I acknowledge that some particles of the cremated remains may inadvertently become commingled with particles of other cremated remains during the cremation process or pulverization process.

. I authorize Lankford Funeral Home and or Crematory to place the cremated remains in the urn or container provided, described as: _____.
If the urn or container is insufficient to accommodate all of the cremated remains, any excess cremated remains will be placed in a secondary container and returned to me, or disposed of in any lawful manner at the discretion of Lankford Funeral Home or Crematory.

. Section 497.607(2) Florida Statutes, provides that if, after a period of 120 days from the date of cremation the cremated remains have not been claimed, Lankford Funeral Home or Crematory may dispose of the cremated remains by scattering them at sea, placing them in a licensed cemetery scattering garden or pond, placing them in a church columbarium or otherwise as provided by administrative rule. Initial _____.

. I hereby indemnify, release and hold harmless Lankford Funeral Home and Crematory, their agents, employees, representatives, and assigns from any and all loss, damage, liability, costs, expenses or claims resulting from the Authorization, including attorney's fees and costs of litigation in connection with the cremation and disposition, including shipping, of the cremated remains.

. I am a legally authorized person as defined by 497.005(39) Florida Statutes (set forth below). I authorize the cremation of the remains identified herein. I attest that I am not aware of any person in my priority class or higher who objects to this authorization. I acknowledge that no person may make a claim objecting to the cremation of the remains identified herein against Lankford Funeral Home or Crematory, when my Funeral Home and Crematory, act upon the authorization of the legally authorized person executing this authorization.

**Legally authorized person' means, in the priority listed; (a)The decedent, when written inter-vivos authorizations and directions are provided by the decedent; (b)The person designated by the decedent as authorized to direct disposition pursuant to Pub.L. No. 109-163,s 564, as listed on the decedent's United States Department of Defense Record of Emergency Data, DO Form 93, or its successor form, if the decedent died while serving military service as described in 10 U.S.C.s. 1481 (a) (1).(8)in any branch of the United States Armed Forces, United States Reserve Forces, or National Guard; (c) The surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined ins. 741.28 that resulted in or contributed to the death of the deceased; (d) A son or daughter who is 18 years of age or older, € A parent; (f) A brother or sister who is 18 years of age or older, (g) A grandchild who is 18 years of age or older, (h) A grandparent, or (i) Any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer, the medical examiner, county commission, or administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class.*

Signature of Legally Authorized Person:

Date: _____ ID# (or known to me in person)

Phone: _____

Name: _____ Relationship: _____

Address, City, State, Zip: _____

Signature of Funeral Home
Representative: _____

Date: _____

If this Authorization for Cremation is signed outside the presence of the Funeral Home representative, the signature of the Legally Authorized Person must be notarized or other documentation must be required.

State of _____ County of _____

Subscribes and Sworn before me on this _____ day of _____ 20_____.

Personally appeared _____ known to me

Or produced
ID# _____

Signature of Notary _____

Print Name of Notary _____

(Notary Seal)