

INSTRUCTIONS FOR COMPLETING FORMS

The attached forms are necessary for the prompt completion of the cremation. They require your signature and/or initials in several places. Each place where you need to initial or sign is marked.

Please remember that your signatures must be notarized. Please sign in the presence of a Notary Public. If you are uncertain where to obtain notary service, we suggest you check with your local bank, or local document service stores such as *The UPS Store, Mail Boxes Etc.*, or consult your local yellow pages.

After completing and signing the documents, they should be faxed to us at:

Fax **(813) 435-5431**

or

1 (888) 506-3721

(Toll-Free)

After faxing, it is very important that you send us the original papers promptly through the mail. Please mail to:

**AFFINITY DIRECT CREMATION SERVICE
220 W BRANDON BLVD STE 205
BRANDON, FL 33511-5100**

We may not proceed with the cremation without these signed documents. Please call us anytime if you have questions:

Telephone (813) 684-7500

Affinity Direct Cremation Service - Death Certificate Information

INFORMATION ABOUT THE DEATH	Name of Deceased		Social Security Number	
	Date of Death	Time of Death (24hr)	Facility Type HOSPITAL NON-HOSPITAL	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
	Facility or Place of Death (if not institution, give street address)			<input type="checkbox"/> Inpatient <input type="checkbox"/> ER / Outpatient <input type="checkbox"/> Dead On Arrival <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify):
	City of Death	City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of Death	
INFORMATION ABOUT THE DECEDENT	Date of Birth		Place of Birth (City, State or Foreign Country)	
	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Veteran ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service (if Veteran)
	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			
	Surviving Spouse (First, Middle, Maiden)		(NOTE: Florida law now requires a court order to amend the Surviving Spouse's name on a death certificate.)	
	Decedent's Race or Races (More than one race may be specified) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl (specify) <input type="checkbox"/> Other (Specify)			
	Of Hispanic or Haitian origin? <input type="checkbox"/> Yes (if Yes, specify) <input type="checkbox"/> No		<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other (specify) <input type="checkbox"/> Haitian	
	Education: <input type="checkbox"/> 8th or less <input type="checkbox"/> High School, no diploma <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> College, but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
	Decedent's Occupation (Kind of work done the longest)		Industry (Description - No Company Names)	
	Father's Name (First, Middle, Last)		Mother's Name (First, Middle, Maiden Surname)	
	Decedent's Last Legal Residence Address (Street Address - No PO Box)		Apt No.	City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Decedent's City of Residence		Decedent's County of Residence		
State	Zip Code	(NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.)		
INFORMATION ABOUT THE INFORMANT	Contact Name (Person Providing this Information)		Relationship to Decedent	
	Contact Mailing Address (Street, City, State, Zip Code)			
	Contact Information (Telephone, Cell Phone, etc)			
	Certified Copies Requested	With Cause	Without Cause	Address to Send Certified Copies



Approved: _____

Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.



AUTHORIZATION FOR CREMATION AND DISPOSITION

INITIAL HERE

I/We, the undersigned, certify and represent that I/we have full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of

_____ ("the Deceased"). Date of Death _____, Time _____

The undersigned further represents that he or she is not aware of any objection to the cremation of the deceased's human remains by others in the same class as the undersigned or of any person in a higher priority class.

I/We hereby request and authorize Affinity Direct Cremation Service, LLC (hereinafter referred to as the "Cremation Service") to take possession of and make arrangement for the cremation of the remains of the deceased at the selected crematory ("the Crematory".) We authorize the crematory to release the remains of the Deceased to the possession and custody of the Cremation Service. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the deceased are returned to the possession and custody of the Cremation Service. I/We hereby authorize the Cremation Service to arrange for the disposition of the deceased as follows:

The cremation will be completed within 3 days following all required approvals, pursuant to F.S. 497.607(1).

Description of container(s) to hold ashes: _____

Release to Family or Representative: _____

Scattering at sea by the Cremation Service or Cremation Service's agent _____

Ship via U.S.P.S. Registered Mail* To: _____

* Cremation Service and Crematory are not responsible for any loss or damage of cremated remains shipped via United States Postal Service Registered Mail.

VERIFICATION OF IDENTIFICATION

Describe Methods Used to Confirm Identification (e.g., description, distinguishing marks, scars, tattoos, etc.):

The undersigned hereby authorizes the Crematory and Cremation Service to perform identification verification through the means listed above and agrees to indemnify and hold harmless the Crematory and Cremation Service and its officers, directors, affiliates, and agents harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorneys' fees and expenses of litigation) brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such identification.

The cremation processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all the governing laws, the rules, regulations and policies of the Crematory and Cremation Service and the following terms and conditions:

1. The remains of the deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other non-combustible material, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Cremation Service or Crematory to make disposition of any such non-combustible container in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive devices. In the event the remains of the Deceased contain such a device I/We hereby authorize the Cremation Service, it's agents and employees, to arrange for such mechanical devices to be removed from the remains of the Deceased prior to cremation, and dispose of them at its discretion. I/We certify that the remains of the deceased DO DO NOT contain any type of implanted mechanical or radioactive device. Listed below are all the implanted mechanical and radioactive devices which the Cremation Service is authorized to have removed from the remains of the Deceased prior to cremation and dispose of as indicated:

Device _____ Disposition _____

If no instruction for disposition is given for items the Cremation Service will use its own discretion for disposition

INITIAL HERE

✓ Initial Here

Name of Deceased _____ Date of Death _____ Time _____

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation.
4. Certain items, but not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains may be destroyed during the cremation process. I/We authorize that if any items, other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the crematory.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all non-combustible materials including but not limited to hinges, nails, jewelry, and precious metals and to dispose of such materials.
6. Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in the urn or other container.
7. Unless an urn or suitable container for shipment is purchased, the crematory will place remains of the Deceased in a container which is not designed for any type of shipment.
8. In the event an urn or container is insufficient to accommodate all of the cremated Remains of the Deceased, any excess will be placed in a secondary container and returned to the Cremation Service together with the primary urn or container.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts it is not possible to recover all particles of the cremated remains of the Deceased and that some particles may inadvertently become co-mingled with particles of other cremated remains remaining in the cremation chamber and / or other devices utilized to process cremated remains. I/We hereby authorize the crematory to dispose of any such residue particles in any lawful manner it deems appropriate.
10. Unless I/We give specific written instructions in this authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any religious or ethnic customs.
11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Cremation Service shall give written notice to me/us by certified mail at the addresses indicated below. I/We agree, in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date written notification is mailed, the Cremation Service is authorized to dispose of the unclaimed remains of the Deceased in any manner deemed appropriate.
12. I/We agree to indemnify, release and hold the Cremation Service, Crematory, their affiliates and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my / our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, take possession of, or make permanent arrangements for, the disposition of such remains.
13. Except as set forth in this authorization, no warranties expressed or implied are made by the Cremation Service, Crematory or any of their respective affiliates, agents or employees.
14. I/We understand that this document does not contain a complete and detailed description of the cremation process.

SIGNATURES

Signature of Person(s) Authorizing Cremation and Disposition

✓ Sign Here

Signature: _____
Print Name Relationship

Address: _____ Telephone: _____

Date: _____

SIGNATURES

✓ Notary Required

NOTARY PUBLIC

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

by _____, who is/are personally known to me or who has/have produced the following as identification:

Type of Identification : _____

Signature of person taking acknowledgement
Notary Seal (Rubber Stamp and Expiration)