

Guiding Light Cremations

Geronimo Mena Jr. L.D.D.

2431 SW 56th Terrace | West Park, Florida 33023
954-381-8888 | Fax 954-362-0222 | Cellular 954-729-8827

AUTHORIZATION FOR CREMATION & DISPOSITION

This is a legal document that contains important provisions concerning cremation. Please understand that cremation is irreversible, so please read this document very carefully before signing.

I, _____, hereby certify, warrant and represent that I have the full legal right and authority, as defined in Florida Statutes 497.005(37), to authorize the cremation, processing and disposition for the remains of the late

Name of decedent

Date of death

By signing and notarizing this document, I hereby give permission to GUIDING LIGHT CREMATIONS to take possession of and make arrangements for the cremation of the above named Decedent at their cremation facility, EVERGLADES CREMATORIUM, located at the same address. I also give the Crematorium full authority to remove and discard electronic devices, such as a pacemaker, mechanical or radioactive implants prior to cremation. In addition, metal implants, rods, screws, or any such items intended to reinforce or strengthen the skeletal system of the decedent during his or her lifetime, must also be removed and discarded after the cremation has been performed.

Does deceased have a pacemaker? _____ Yes _____ No

Does deceased have any type of implants? _____ Yes _____ No

If yes, please describe: _____

Pursuant to Florida statute, each human remains must be cremated in a cardboard container. In order to provide a more visual and aesthetic means in which to perform the cremation, Alternative Cremation Containers that improves the aesthetic value of each cremation is available to each family for a minimal charge. Families usually opt for this Upgrade when planning to be present for the Witness Cremation, or when family members plan to pay their last respects on the day of cremation.

I wish to upgrade the cremation container? _____ Yes _____ No

I plan to attend the Visual Goodbye? (Identification) _____ Yes _____ No

I wish to witness the cremation? (Witness Cremation) _____ Yes _____ No

Release cremated remains to: _____

I agree to indemnify, release and hold Guiding Light Cremations and Everglades Crematorium, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

SIGNATURE OF PERSON AUTHORIZING CREMATION AND DISPOSITION

I warrant that all representations and statements made herein are true and correct, and that I have read and understood this document.

Signature _____ Print Name _____

Address _____ City/St/Zip _____ Relationship _____

Notary Signature _____ NOTARY STAMP

Print Name _____

Commission Expires _____