

Guiding Light Cremations

Geronimo Mena, Jr. L.D.D., C.O.O.

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AUTHORIZATION FOR CREMATION & DISPOSITION

I, _____ the undersigned, certify, warrant and represent that I have the full legal right and authority, as defined in Florida Statute 197.005(37), to request the cremation, processing of cremated remains, and disposition of the remains of

Name of deceased

Date of Death: _____

I hereby request and authorize GUIDING LIGHT CREMATIONS of West Park, Florida, to take possession of and make arrangements for the cremation of the above named deceased at their crematory facility, EVERGLADES CREMATORIUM, located at the same address.

Once cremation has taken place, the cremated remains are to be released to:

_____ .

Signature of person authorizing cremation and disposition

Signature

Date

Signature of Notary Public

Notary stamp

FAX NOTARIZED FORM TO: **954-362-0222**