



ETERNAL CREMATION SERVICES, LLC
 464 A Patricia Ave Dunedin, FL 34698
 Phone: 727 804-1702 Fax: 727 266-4014

AUTHORIZATION FOR CREMATION AND DISPOSITION

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.

Signature of Person(s) Authorizing Cremation and Disposition

Signature: _____
Print Name Relationship

Address: _____ Telephone: _____

Witness/Cremation Service Representative:

Print Name Date: _____