

CREMATION AUTHORIZATION

I (We), the undersigned (the "Authorizing Person(s)"), hereby request and authorize **Jennings Funeral Home & Crematory** (here in referred to as "Firm or Representative") to take possession of and make arrangements for the cremation of and final disposition of the decedent (or the undersigned Authorizing Person in the case of a self-authorization) named below (the "Decedent") in accordance with and subject to the provisions set forth on the reverse sides of this document, at

Sarasota Crematory (hereinafter referred to as the "Crematory") and in
(Name of Crematory)

accordance with and subject to their rules and regulation, and any applicable state or local laws or regulation. In the case of a self-authorization by the Decedent, I have noted N/A when information is not applicable.

Name of Deceased: _____ Sex: _____ Age: _____

Date of Death: _____ Time of Death: _____ Place of Death: _____

Funeral Director or Direct Disposer in Charge: _____

Did the Decedent die of Natural Causes? YES or NO _____

Did the Decedent have any infectious or contagious diseases? YES or NO _____

If yes explain: _____

Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in a cremation chamber. All pace makers and radioactive implants must be removed prior to delivery of the Decedent to the Crematory.

Do the decedents remains contain any such devices? YES or NO _____

If yes, following is a list of all existing devises which may be implanted in or attached to the Decedent, and that should be removed prior to cremation: _____

We have arranged for the Firm or Representative to remove or arrange for the removal of these devices to properly dispose of them prior to cremation. I understand that if the Firm or Representative has not been notified about such devised or implants, and not instructed to remove them, that I/We am/are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

Cremation will take place after the following condition have been met:

1. Any scheduled ceremonies or viewing have been completed.
2. Civil and medical authorizations have issued all required permits.
3. All necessary authorizations have been obtained, and no objections have been raised.
4. 48 hours have transpired since death has occurred.

The crematory, or its authorized agents, is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorizations or instructions. All cremations are performed individually. The crematory will only place the human remains of one individual in the cremation chamber at a time.

CREMATION PROCESS

Cremation is a technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the pulverization, of bone fragments. Please refer to the detailed description of the cremation process on the back of this form.

CASKETS/CONTAINERS

The Crematory requires either a casket or an alternative (cremation) container for the cremation. Please refer to the reverse side of this form for further details regarding the caskets/containers.

URNS/TEMPORARY CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.

Type of casket or cremation container selected: _____

Type of Urn or container selected: _____

Engrave on Urn exactly as follows: _____

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

I (We) authorize the Crematory to return the cremated remains of the Decedent to the possession and custody of the Firm or Representative. I (We) hereby authorize the Firm or Representative to arrange for the disposition of the cremated remains of the Decedent as stated below:

Initial _____ I understand that in event the cremated remains have not been permanently interred or picked by up the person designated by me or me within 120 days from the date of cremation, the Firm or Representative is authorized to lawfully dispose of the unclaimed cremated remains and that thereafter the remains pursuant to statues. I understand the disposal may include the commingling of the cremated remains with other cremated remains and that thereafter the remains of the Decedent shall not recoverable.

In the event all the cremated remains do not fit in the receptacle I have chosen, I direct the Firm or Representative, or its duly authorized agents to:

_____ Return the balance of the cremated remains to me or the person designated by me.

_____ Dispose of the balance of the cremated remains pursuant to Florida statues.

ADDITIONAL TERMS AND CONDITIONS

THE CREMATION PROCESS

Cremation is performed to prepare the deceased for memorialization and it is carried out by placing the deceased in a casket or alternative container and then placing the casket or alternative container into a cremation chamber, or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and its contents is accomplished by raising the temperature substantially (extreme temperature) and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of cremation process, any personal possession or valuable materials such as dental gold and silver, or jewelry (as well as any body prostheses and or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed and become non-recoverable, or if destroyed, will be disposed of by the Crematory at its sole discretion. The Authorizing Person understands the arrangements must be made with the Firm and Representative to remove any such possessions or valuables prior to the time that the Decedent is transported to the Crematory.

Following a cooling period, the cremated remains, which normally weigh several pounds in the case of an average sized adult, are then swept or raked from cremation chamber. The Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremation is a possibility, and the Authorizing Person understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separate and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only the human fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from other material, they will be mechanically processed (pulverized), which includes crushing or grinding and identification commingling of the remains with the residue from the processing of previously cremated remains, into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into designated container.

CASKET/CONTAINERS

The above named Firm or Representative does not offer metal casket for cremation.

All caskets and alternative containers must meet the following standards:

1. Be composed of material suitable for cremation
2. Be able to be closed to provide a complete covering for the human remains
3. Be sufficient for handling with ease
4. Be resistant to leakage or spillage
5. Be able to provide protection for the health and safety of crematory personnel

The Crematory is authorized to inspect the casket or alternative container, including opening if necessary. In the event there is a leakage or damage, the Crematory may contact Authorizing Person directly for instruction. The Crematory reserves the right to open the casket or alternative container to verify the identity of the deceased.

Many caskets that are comprised of combustible material also contain some exterior parts, e.g. decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. The Crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

URNS/TEMPORARY CONTAINERS

In the event the urn or other container is selected insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions of this form. Cremation requires that all urns or containers provided be appropriate for shipment or permanent storage, and that in the case of an adult, it is recommended that the urn or container be a minimum of 200 cubic inches.

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY OR SHIPMENT OF SAID CREMATED REMAINS (INITIAL ONE)

Initial _____ Deliver said cremated remains to: _____

For the purpose of: _____

Initial _____ Place in storage. (Urn required by Firm or Representative) to be claimed within 120 days, I understand that the cremated remains will be disposed of pursuant to Florida statues; urn will be disposed of without further notice or authorization.

Initial _____ I appoint the Firm or Representative as my agent to make shipments of said remains via the United States Postage Mail (registered, returned receipt), or scheduled air shipment. (PROPER CONTAINER OR URN REQUIRED BY COMPANY). I am aware that the Firm or Representative's service has been fully completed when the cremated remains leave the Firm or Representative and that the Firm or Representative is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Firm or Representative assumes no responsibility after delivery to the Post Office, common carrier or agent.

Please ship remains to: _____

Initial _____ Deliver to: _____

(I understand there may be a separate charge for this service at the cemetery):

Initial _____ Other: _____

INDEMNITY

I/We declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Firm or Representative and crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify, and defend the above named Firm or Representative and crematory as well as their representatives, directors, officers, agents, employees, and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorney's fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explodable or harmful impact, infectious disease, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, expressed or implied, are made and damages shall be limited to the amount of the cremation fee paid.

SIGNATURE OF AUTHORIZING PERSON(S)

THIS IS A LEGAL DOCUMENT.IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this cremation authorization form, as Authorizing Person(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to include the above named Firm and Representative and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions on the front and reverse of this document.

Executed at _____ this _____ day of _____, 20__.

Declaration Of Intent: Jennings Funeral Home agrees to perform cremation within 10 days of above date.

Name: _____

Signature: _____

Self Authorization - Relationship to Decedent: _____

Phone Number: _____

Name: _____

Signature _____

Relationship to Decedent: _____

Phone Number: _____

Name: _____

Signature _____

Relationship to Decedent: _____

Phone Number: _____

Name: _____

Signature _____

Relationship to Decedent: _____

Phone Number: _____

SIGNATURE OF FUNERAL DIRECTOR OR DIRECT DISPOSER AS WITNESS FOR SIGNATURE (S) OF AUTHORIZING PERSON (S)

ACCEPTED BY: _____

BY: _____

(Name of Crematory)

(Authorized Representative)