

Brooks Cremation and Funeral Service
4058 NE 7th Avenue, Ft. Lauderdale, Florida 33334
Phone (954) 525-5405 – Fax (954) 565-1333

CREMATION AND DISPOSITION AUTHORIZATION

*This is a legal document and contains important information regarding cremation. Cremation is irreversible and final.
Please read carefully before signing.*

I/We, the undersigned to certify, warrant and represent that I/We have the 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:

Name of Deceased: _____

Date of Death: _____ Time of Death: _____ Date Signed: _____

To the best of my knowledge, the deceased has no spouse or living relatives, with superior authority _____ (initial)
Cremation to be completed within 48 hours of receiving all authorization and approvals.

I/We, authorize Brooks Cremation and Funeral Services (hereinafter referred to as "BCFS") to take possession of and make arrangements for the cremation of the deceased name above. The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing state and local laws, as well as the following terms and conditions:

1. The Deceased will be placed in an approved leakproof, combustible container.
2. Implanted mechanical or radioactive devices (such as pacemakers, etc) will be removed and destroyed.
3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and completely and irreversibly destroyed. Certain items, such as, but not limited to: dentures, dental bridgework, dental fillings and other personal items accompanying the Deceased may be destroyed. Any items remaining will be disposed of.
4. Some particles may be co-mingled inadvertently with particles of other particles -- due to the cremation process.
5. I/We, agree to indemnify, release and hold BCFS and ABCO, Florida Crematory License FC-0200, hereinafter referred to as "the crematory" its agents and/or employees harmless from any and all loss, damages, liability and causes of action in connection with the cremation and disposition of cremated remains.
6. BCFS, the crematory and/or its agents will not be responsible for any loss or damager of cremated remains shipped via the US Postal Service or any out of country shipping.
7. I/We understand that IF we paid the fee to witness the cremation procedure the following apply: There may be no embalming or special preparation of the body, unless it has been specifically ordered and paid for. I/We will be witnessing the procedure from behind a glass partition and will have a complete view of the operating cremation systems. I/We agree to hold BCFS, the crematory, its agents, assigns, employees harmless from any emotional stress this might cause. This is not a service; is limited to immediate family members; and has a time limit of 30 minutes maximum.
8. Should the cremated remains of the deceased remain unclaimed for a period of 30 days, BCFS will give written notice to me/us via certified mail at the address(es) below. I/We agree that in the event the cremated remains, remain unclaimed for a period of 120 days after said notice is mailed, BCFS is authorized to, and will dispose of the unclaimed cremated remains in any lawful manner.
9. Except as indicated, herein, there are no warranties, expressed or implied, made by BCFS, the crematory, and/or any of their affiliates, agents and/or employees.
10. I/We, understand this document does not contain a complete and detailed description of every aspect of the cremation process.

DISPOSITION OF CREMATED REMAINS AS INDICATED BELOW:

Signature	Signature	Signature
Printed Name	Printed Name	Printed Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Relationship to Deceased	Relationship to Deceased	Relationship to Deceased

If the authorized person(s) do not personally appear and sign in the presence of a funeral director, certification by a Notary Public is required and provided for below:

State of _____, County of _____, SS: Before me personally appeared the above named person(s) who executed this document and are personally known by me or presented identification in the form of: _____

on this _____ day of _____, 200__.

Notary Public

(SEAL)

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AUTHORIZATION TO CHARGE CREDIT CARD

DATE: _____

I authorize Brooks Cremations, Inc. dba Brooks Cremation and Funeral Service to charge my credit card for
the amount of \$ _____ *(Call (954) 525-5405 to get the total amount to put in this blank!!)*

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____

For security reasons, please indicate the billing address associated with the above card.

Address: _____

City: _____ State: _____ Zip: _____

Phone (_____) _____ - _____