

MARCEL'S CREMATIONS, INC.

2111 N.W. 139 ST, BAY #18, OPA-LOCKA, FL 33054
OFFICE: 305-953-3600 *** FAX: 305-953-3699

No individual may serve as an authorizing agent when it is known that a decedent has left specific instructions indicating that the decedent did not wish to be cremated or indicating a preference for arrangements other than cremation.

"I have full authority to act as authorizing agent as"

_____ Being nominated in the will of the decedent, even though the will has not yet been submitted to the probate court, and acting pursuant to the decedent's written instructions.

_____ Spouse of the decedent at the time of the decedent's death.

_____ Surviving adult child, I have notified or attempted in good faith to notify all other adult children, and I am entitled to serve as authorizing agent.

_____ Surviving parent, I have notified or attempted in good faith to notify the other parent, and I am entitled to serve as authorizing agent.

_____ Individual or individuals in the next degree of kinship under the laws of decent and distribution to inherit the estate of the decedent. I have notified or attempted in good faith to notify all other rightful heirs to the estate, and I am entitled to serve as authorizing agent.

_____ Individual willing to assume the responsibility as authorizing agent. The decedent has made it known to me that they have no surviving relatives and it was their wish to be cremated, and I will assume the responsibility as authorizing agent.

Any such individuals who authorizes a cremation shall be deemed to warrant the truthfulness of any facts set forth on any authorization form utilized by the crematory and executed by such individual, including the identity of the human remains and such individual's authorize the cremation and such individual shall be personally and individually liable for all damages occurred by and resulting from such authorization.

Authorizing Agent

Funeral Director

Address

Witness

City State Zip
