

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

CREMATION APPROVAL FORM

TO: MARCEL'S CREMATIONS

PERMIT NUMBER: _____

DATE: _____

MEDICAL EXAMINERS AUTHORIZATION

ME NO: _____

DOCTOR: _____

DATE: _____

The undersigned hereby request and authorizes in accordance with and subject to our rules and regulations as well as those of the State of Florida to cremate the remains of _____, age _____, who died at _____ on the _____ day of _____, at _____ am/pm.

The undersigned certifies and represents that they have the right to make such authorization and agrees to hold Marcel's Cremations, the Funeral Home, and Funeral Director harmless from liability do to or as a consequence of said authorization. The undersigned is aware that the Medical Examiner's approval must be obtained prior to cremation taking place, and that a 48 hour waiting period is required before the cremation can take place. Permission is also granted for the removal of a pacemaker if there is one present in the deceased. The undersigned acknowledges that they are aware that should the cremains remain unclaimed in excess of 120 days from date of cremation, the Funeral Home according to Florida Statutes, Section 470.0255 can dispose of the cremains in a manner described by the above mentioned statute.

Signature of Person Granting and Authorizing Cremation Witness

Relationship of Person Granting and Authorizing Cremation

Address and Phone Number

Funeral Director Signature and License Number

Name of Funeral Establishment and License Number