

Robin L. Williams
R. Lee Williams & Son Funeral Home
3530 49th Street North, St. Petersburg, Florida 33710

AUTHORIZATION FOR CREMATION

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority to authorize the cremation, processing and disposition of the remains of _____
Who died on _____ in _____, _____ at _____.

My authority is: _____.

I/We hereby request and authorize the funeral home to take possession of, and cremate the remains of _____.

I understand that the cremation will take place no more than 48 hours after the final authorization for cremation is given and the cremains will be ready for disposition 24 hours after that authorization. I further understand that if the container provided is not of sufficient size to contain all the cremains of the deceased that another utility container will be provided for me to receive 100% of the cremated remains. I certify that the deceased **Did/Did not** have any implanted pacemaker or other device that may cause damage to the crematory and authorize the R. Lee Williams & Son Funeral Home to remove such device. Anything left on or with the deceased will be rendered unrecoverable.

The cremated remains are to be disposed of in the following manner:

I am aware that after a period of 120 days from the date of cremation, if I have not claimed the cremated remains, R. Lee Williams & Son Funeral Home may dispose of the cremains in a manner provided by law.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION

I/We warrant that all representation and statements made herein are true and correct and that I/We understand the information in this document.

Signature _____

Address _____

Relationship _____ Phone # _____

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I accept the delivery of the cremated remains of: _____

This _____ day of _____, 200__ Signed: _____