

Florida Direct Cremation
3121 44th Ave. N.
St. Petersburg, Florida 33714
Phone 727-525-9219
Fax 727-525-0568

Authorization for Cremation

I / We hereby request Florida Direct Cremation to cremate the remains of
_____ who died

On the _____ day of _____ Year _____

I / We further certify that I / We have the right and authority to order this
cremation and that I / We are related to the deceased
as _____ .

In the absence of other family members who have equal rights of
determining disposition, I / We certify that I am acting on their behalf with
their permission.

Disposition of said cremated remains will be as follows:

I / We swear under oath that the above statement is true
Signed _____

Cremation will take place within 10 Business days of ME Authorization.
I also understand that the cremains need to be retrieved within 120 days of
the cremation or they will be scattered or buried as required by law.