



# Alavon Direct Cremation Service

## ASSIGNMENT OF AUTHORITY

PLEASE COMPLETE WHERE INDICATED  
SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR TWO WITNESSES

FAX BACK TO (386) 322-2543

MAIL ORIGINAL TO: ALAVON DIRECT CREMATION SERVICE  
661 BEVILLE RD, SUITE 110  
SOUTH DAYTONA, FL 32119

I, \_\_\_\_\_, am the surviving \_\_\_\_\_  
(FULL NAME OF NEXT OF KIN) (RELATIONSHIP TO DECEASED)  
of \_\_\_\_\_, and I authorize the cremation of his / her remains,  
(FULL NAME OF DECEASED)  
and I designate \_\_\_\_\_, to handle all arrangements with  
(NAME OF ASSIGNED PERSON)

*Alavon Direct Cremation Service* on my behalf, with the understanding that

I  will  will not (*check one*) accept financial responsibility for the cremation and any related expenses.

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

X \_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE SIGNED

X \_\_\_\_\_  
NOTARY PUBLIC OR WITNESS

*Alavon Direct Cremation Service*  
*661 Beville Road, #110 • South Daytona, Florida 32119*  
*(386) 322-2510*