

Alavon Direct Cremation Service

661 Beville Road, Suite 110 · South Daytona, Florida 32119
Phone (386) 322-2510 · Fax (386) 322-2543

ORDER TO CREMATE

Permit Number: _____

Date : _____

I/We hereby request, authorize and direct Tri-City Diversified to cremate in accordance with and subject to your rules and regulations, the remains of _____, deceased, and casket or alternative container containing same, as delivered to you with permit by **Alavon Direct Cremation Service**, Funeral Director, on _____, the _____ day of _____, 200____; subject however to the forty-eight (48) hour Florida State Law and to necessary changes of time due to other scheduled arrival of bodies or other commitments of Tri-City Diversified.

I/We, of mature age, hereby certify **1)** that I/We am/are the _____ of the above named deceased, **2)** that I/We alone have the right to give authorization and direction for said cremation and disposition of the cremated remains, and **3)** that the deceased left no other direction for the disposition of his /her remains; and I/We hereby agree to defend, indemnify and keep harmless the aforesaid Funeral Director and Tri-City Diversified and their representatives from any and all liability of whatsoever kind, or claim therefore, for whatsoever they, or either of them may do by virtue hereof.

DISPOSITION

Florida Statute 497.607 provides that if after a period of one hundred twenty (120) days from the time of cremation, the cremated remains of the Deceased have not been claimed, Tri-City Diversified and the Funeral Home may dispose of the cremated remains. Florida law allows such disposal by scattering the cremated remains at sea or placing them in a licensed cemetery scatter garden or pond or in a church columbarium. Tri-City Diversified and the Funeral Home are authorized to dispose of the cremated remains in such a manner if the arrangements set forth above have not been completed by me within one hundred twenty (120) days after the day of cremation. In any event, Tri-City Diversified, the Funeral Home, and the Funeral Director are absolved of all liability for loss or damage occurring during shipping and handling once the cremated remains are transported and delivered in a container to the United States Postal Service or other common carriers.

Initials of Authorized Agent(s): _____

FOREIGN OBJECTS

Materials such as bridgework, dental fillings, and personal articles will either be destroyed or not recoverable following the cremation process. Pacemakers, or other mechanical devices, may create a hazardous condition when placed inside the cremation chamber. Tri-City Diversified will not cremate any remains that contain any type of mechanical devices. I authorize Tri-City Diversified, the Funeral Home, and Funeral Director to have any and all implanted mechanical devices removed from the remains of the Deceased prior to commencement of the cremation process. Unless otherwise indicated below, I certify that the remains of the Deceased do not contain any type of implanted mechanical devices.

Initials of Authorized Agent(s): _____ **IF YES, WAS IT REMOVED?** _____ **BY WHOM:** _____

COMMINGLING

Some particles of the cremated remains of the Deceased and some particles of other cremated remains may inadvertently be commingled in the cremation chamber or in other devices utilized to reduce the cremated remains. I authorized the disposition of these particles of the cremated remains at the sole discretion of Tri-City Diversified.

Initials of Authorized Agent(s): _____

Further, I/We hereby certify that the data on the reverse side of this order to cremate is true and correct to the best of my knowledge.

Next of Kin Signature: _____

Witness Signature: _____

Date Signed: _____

Date: Signed: _____