



Alavon Direct Cremation Service

PRE-NEED REGISTRATION SEND NO MONEY WITH THIS FORM

TO INSURE THAT YOUR WISHES REGARDING CREMATION ARE FULFILLED, **PLEASE COMPLETE AND SIGN THIS PRE-NEED REGISTRATION AND RETURN IT TO ALAVON AT YOUR EARLIEST CONVENIENCE. PLEASE DO NOT USE INITIALS OR ABBREVIATIONS FOR VITAL STATISTICS.**

_____/_____/_____
FULL NAME (First, Middle, Last) DATE OF BIRTH MARITAL STATUS

RESIDENT ADDRESS (Street, City, State, Zip)

_____/_____/_____
BIRTHPLACE (City & State) MILITARY SERVICE SOCIAL SECURITY #

_____/_____
FATHER'S NAME (First, Middle, Last) MOTHER'S NAME (First, Middle, **MAIDEN**)

_____/_____
LONGEST USUAL OCCUPATION, BEFORE RETIREMENT HIGHEST YEAR SCHOOL/COLLEGE

PRE-ARRANGED AUTHORIZATION FOR CREMATION AND DISPOSITION

IT IS MY SPECIFIC REQUEST AND DIRECTION THAT MY BODY BE CREMATED AFTER MY DEATH AND I HEREBY REQUEST, AUTHORIZE AND DIRECT ALAVON DIRECT CREMATION SERVICE TO HANDLE THE CREMATION OF MY REMAINS, SUBJECT TO THE LAWS AND REGULATIONS OF THE STATE OF FLORIDA REGARDING ALL CREMATIONS. I HEREBY REQUEST AND DIRECT THAT MY SURVIVORS AND/OR PERSONAL REPRESENTATIVE HONOR THIS REQUEST AND DIRECTION.

I, _____ HEREBY AUTHORIZE AND DIRECT THAT ALL
(PRINT FULL NAME)

ARRANGEMENTS REGARDING THE CREMATION OF MY BODY AFTER MY DEATH, AND THE DISPOSITION OR FINAL PLACEMENT OF MY CREMATED REMAINS BE HANDLED BY:

_____/_____/_____
NAME OF NEXT OF KIN / AUTHORIZED PERSON RELATIONSHIP TELEPHONE #

I HEREBY DECLARE THE FOLLOWING INTENTION FOR THE DISPOSITION OF MY CREMATED REMAINS:

Signature of Person Making Prearrangements Date Signed

Notary Public (or Witness) Date Signed

Witness (if not notarized) Date Signed

Representative for Alavon Direct Cremation Service

Alavon Direct Cremation Service
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