



**Florida Funeral Home & Crematory**  
**1495 North West 17<sup>th</sup> Avenue**  
**Miami, Florida 33125**  
**Tel:(305) 325-1171**  
**Fax: (305) 325-8616**  
**Brian R. Gargis**

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Date:

Fax #:

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Attention:

Name of Business:

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From :

# of Pages:  
(including Cover)

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**COMMENTS:**

**INSTRUCTIONS**

- PLEASE SIGN NEXT TO ALL THE CIRCLED X's
- FILL OUT ALL THE INFORMATION WITH A CHECK MARK NEXT TO IT.
- NOTARIZE THE **Cremation Authorization Form Facsimile Transmission Approval FORM**  
(This page **MUST** be notarized) .Please include a copy of the drivers license of the person who is signing as authorizing agent on this form.
- ON PARTS WHERE IT SAYS SELECT ONE, PLEASE SELECT ONE OF THE CHOICES.
- THERE WILL ALSO BE A CONTRACT LISTING ALL THE CHARGES THAT WILL BE FAXED TO YOU UPON THE RECEIPT OF THIS PAPERWORK THAT NEEDS TO BE SIGNED AND FAXED BACK TO US .
- **PLEASE MAIL BACK ALL ORIGINAL PAPERWORK**

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT THE NUMBER ABOVE

THANK YOU,

**Facsimile Transmittal**