

FLORIDA FUNERAL HOME & CREMATORY

1495 North West 17th Avenue

Miami, Florida 33125

Tel: (305) 325-1171

Fax: (305)325-8616

Brian R. Gargis

I, _____ take full custody and control of the remains of _____ the deceased has made it known to me that there are no surviving relatives and it was their wish to be cremated, and I am willing to assume the responsibility as authorizing agent.

I agree to hold harmless, indemnify and defend Florida Funeral Home & Florida Crematory against any claims, liabilities, damages, cost or expenses, including attorney fees, which may result from this authorization and order, including without limitation, claims that arise from or relate to identify, kinship, or other persons claiming rights to control disposition of the deceased's remains.

No individual may serve as authorizing agent when it is known that a decedent has left specific instructions indicating that the decedent did not wish to be cremated or indicating a preference for arrangements other than cremation.

Any such individual who authorizes a cremation shall be deemed to warrant the truthfulness of any facts set forth on any authorization from utilized by the crematory and executed by such individual, including the identity of the human remains and such individuals' authority to authorize the cremation; and such individual shall be personally and individually liable for all damages occasioned by and resulting from such authorization.

Authorizing Agent Signature

Witness Signature

Address

Agent's Phone Number

City State Zip