

PERSONAL INFORMATION FOR CERTIFICATE OF DEATH

Items left blank will show as "Unknown" on the Certificate of Death

Deceased \_\_\_\_\_  
(First name) (Middle name) (Last name) (Maiden name)

\_\_\_\_\_ Inside City limits? Yes or No  
(Residence street address/#) (City)

\_\_\_\_\_ Sex: Male or Female  
(State) (Zip) (County) (Phone)

Birthplace (City - State - Country) Date of Birth Age Social Security #

Married Never Married Widowed Divorced Married but separated (specify) \_\_\_\_\_

Spouse \_\_\_\_\_  
(First name) (Middle name) (Last name) (Maiden name)

Father \_\_\_\_\_  
(First name) (Middle name) (Last name)

Mother \_\_\_\_\_  
(First name) (Middle name) (Last name) (Maiden name)

Primary occupation (prior to retirement) \_\_\_\_\_ Industry or Business

Highest education level: Elementary (1-12) \_\_\_\_\_ Diploma (select one)? Yes or No

Years in college \_\_\_\_\_ Degree Type (circle one)? None AA BA/BS MBA Doctorate/Professional

U.S. Armed Forces? Yes or No Branch of Service \_\_\_\_\_

Race: White - Black - American Indian - Asian - Haitian - Other (specify) \_\_\_\_\_

Of Hispanic Origin? Yes or No If yes, specify (Cuban, Puerto Rican, Mexican, etc.) \_\_\_\_\_

Legal Next-Of-Kin \_\_\_\_\_  
(Name) (Relationship to Deceased) (Phone)

\_\_\_\_\_ (Street address/#) (City) (State) (Zip)

**Sign that you proofread information for accuracy and agree to be responsible for costs incurred due to errors.**

Today's date \_\_\_\_\_ Signature of Authorized Representative \_\_\_\_\_

## AUTHORIZATION FOR CREMATION AND DECLARATION FOR DISPOSITION OF CREMATED REMAINS

**Sign prior to cremation by the next-of-kin in the following order: Self, Spouse, Children (of legal age), Parents, Siblings, Grandchildren, Grandparents, or Authorized Representative.**

\_\_\_\_\_  
(Today's date)                      (Deceased name)                      (Date of death)                      (Time of death)

\_\_\_\_\_, I, the undersigned, certify that I have full legal right and authority, (Name of Self, Next-of-kin, Authorized Representative) and know of no living person who has a superior priority right under state law, to authorize the cremation, processing, and disposition of the cremated remains of the Deceased. I further represent that I am not aware of any objection to the cremation of the Deceased's human remains by others in the same class or of any person in a higher priority class. Class and legally authorized person is defined according to Florida law in Chapter 497.005.

I request and authorize Community Cremation, identified herein as "Community", to take possession of and make arrangements for the cremation of the remains of the Deceased at Community's selected crematory agent, \_\_\_\_\_, identified herein as "the Crematory". I authorize the Crematory to release the cremated remains of the Deceased to the possession and custody of Community and understand at that time, the services and obligations of the Crematory shall be fulfilled. I hereby authorize Community to arrange for the disposition of the Deceased as follows (complete and initial one):

\_\_\_\_ Personal delivery to the following: \_\_\_\_\_  
(Name)                      (Street Address/#)  
\_\_\_\_\_  
(City)                      (State)                      (Zip)                      (Phone)                      (Email)

\_\_\_\_ Scattered at sea by \_\_\_\_\_

\_\_\_\_ Shipped via USPS to below (Community Cremation is not responsible for any loss or damage of cremated remains shipped) :  
\_\_\_\_\_  
(Name)                      (Phone)                      (Email)  
\_\_\_\_\_  
(Street Address/#)                      (City)                      (State)                      (Zip)

The cremation processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of Community, the Crematory, and the following terms and conditions: The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a non-combustible container, I authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I further authorize Community or the Crematory to make disposition of any such non-combustible container in any lawful manner it deems appropriate.

\_\_\_\_ personally appeared before me, in the State of \_\_\_\_\_, county of \_\_\_\_\_, on this \_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_, to affirm (swear), that the contents of the document are true.

★ **Signature of Authorized Representative** \_\_\_\_\_

Signature of Notary \_\_\_\_\_  
This person is (circle one): personally known to Notary or produced identification.  
Type of ID: \_\_\_\_\_

Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemaker, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain this type of device. In the event the remains of the Deceased contain such a device and it is not listed below, I authorize Community and its agents to arrange for such mechanical devices to be removed from the remains of the Deceased prior to cremation and dispose of them at their discretion. I certify that the remains of the Deceased \_\_\_\_\_ DO \_\_\_\_\_ DO NOT contain any type of implanted mechanical or radioactive device. Listed below are all the known implanted devices. If the Crematory does not receive proper notice, the Next-of-Kin/Authorized Representative shall be responsible for any damage resulting and the Crematory will not be responsible or accept any liability. Device(s) \_\_\_\_\_.

I declare that all personal possessions have been or shall be removed from the deceased by the Next-of-Kin/Authorized Representative of the Deceased, and shall hold harmless, defend, indemnify Community, the Crematory, or its' agents and/or representatives from loss. Certain items, not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains may be destroyed during the cremation process. I authorize that if any items, other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory. I hereby authorize the Crematory to separate and remove from the cremation chamber all non-combustible materials including but not limited to jewelry and precious metals and to dispose of such materials. Following cremation, the cremated remains of the Deceased, consisting primarily of varying sizes of bone fragments, will be processed to permit their placement in an urn or other container. In the event an urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess will be placed in a secondary container and returned to Community together with the primary urn or container. I understand and acknowledge that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I hereby authorize the Crematory to dispose of any such residue particles in any lawful manner it deems appropriate. There is a 48-hour period before the cremation process, when the cremation container containing the remains of the Deceased will be placed in the cremation chamber for cremation. Community begins this period upon the date this authorization is signed and if this was signed prior to death, then the period begins upon the date the Deceased comes into Community's' care. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, Community shall give written notice to the Next-of-kin/Authorized Representative of the Deceased by certified mail at the address(es) indicated in this authorization. I agree, in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date written notification is mailed, Community is authorized to dispose of the unclaimed remains of the Deceased in any manner deemed appropriate under state law.

I agree to indemnify, release and hold Community, the Crematory, their affiliates and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, take possession of, or make permanent arrangements for the disposition of such remains. Except as set forth in this authorization, no warranties expressed or implied are made by Community, the Crematory or any of their respective agents.

★ \_\_\_\_\_  
 (Signature) (Name) (Relationship to Deceased)

\_\_\_\_\_  
 (Street address/#) (City) (State) (Zip) (Phone)

\_\_\_\_\_ personally appeared before me, in the State of \_\_\_\_\_, county of \_\_\_\_\_,  
 on this \_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_\_, to affirm (swear), that the contents of the document are true.

★ **Signature of Authorized Representative** \_\_\_\_\_

Signature of Notary \_\_\_\_\_

This person is (circle one): personally known to Notary or produced identification.

Type of ID: \_\_\_\_\_

## DEATH CERTIFICATE ORDER FORM

Community Cremation will assist with ordering the certified death certificates.

There are two types.

1. The long form shows the cause of death and the full social security number.

***This form can only be issued to a spouse or parent; child grandchild or sibling, if of legal age; person who provides a will, insurance policy or other document that demonstrates interest in the estate; documentation that they are acting on behalf of previous named persons; or by Court Order.***

2. The short form does not show the cause of death and only has the last four digits of the social security number.

The following is a partial list where a certified death certificate may be requested. You may contact each to ask if they require a long or short form. You may also want to contact your tax, legal or financial advisor to assist with your specific circumstances.

- \* Insurance - Life, Medical, Dental, Automobile, Travel/Accident, Homeowner's
- \* Banks/financial institutions/brokers - change joint account information & title on outstanding mortgages, change title to safe deposit box or CD's, cancel direct deposits
- \* Pension/retirement funds
- \* Credit card - cancel individually held cards, change title on jointly-held cards
- \* Clerk of Circuit Court in county where real estate is owned - transfer title
- \* Department of Motor Vehicles - transfer title on vehicles, mobile homes, boats
- \* Internal Revenue Service - notify tax advisor
- \* Social Security Administration - if applying for survivor's benefits
- \* Veterans Administration - if applying for burial allowance or survivor benefits
- \* Home - change title on utilities, cell phone, telephone, water, power, cable
- \* Attorney - if you have a Will or not, probate may be necessary

Short form quantity: \_\_\_\_\_ Long form quantity: \_\_\_\_\_

Signature \_\_\_\_\_  
(Next-Of-Kin/Authorized Representative)