

**Eric L. Wilson Funeral & Cremation Services**

***"A professional dignified service."***

**4631 W Hallandale Beach Blvd.**

**Hollywood, FL 33023**

**PH: 954 391-8731 Fax: 954 367- 5651**

**AUTHORIZATION TO RELEASE REMAINS**

To: \_\_\_\_\_ Re: The undersigned hereby authorizes and requests release of the remains of the above- named decedent to the following Funeral Home, including its agents.

Eric L. Wilson Funeral & Cremation Services 4631 W Hallandale Beach Blvd. Hollywood, Florida 33023. Phone number: (954) 391- 8731 the above- name Funeral Home including its agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required to secure release of the above- named decedent. The undersigned further represents that they have the legal right to make this authorization.

\_\_\_\_\_  
(Signature & Relationship to Decedent)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
(Signature & Relationship to Decedent)

\_\_\_\_\_  
Date signed

**AUTHORIZATION TO EMBALM**

To: Eric L. Wilson Funeral & Cremation Services

Re: \_\_\_\_\_

I, \_\_\_\_\_ check one: Do [ ] or Do Not [ ] request EMBALMING, which I understand is the replacement of body fluids by chemical preservatives, or the application of chemical preservatives for the temporary preservation of the body. I further understand that EMBALMING IS NOT REQUIRED BY LAW. The understanding hereby acknowledges and agrees that the foregoing Authorization to EMBALM permits the above-mentioned (FUNERAL HOME) to use the service of Independent Embalmers and/ or apprentices or student interns in connection with the Embalming, Care and Preparation for disposition of the decedent, provided that any person rendering such service is allowed to perform such work under applicable law. The undersigned further acknowledges that the Embalming, Care and preparation for disposition of the decedent may be performed at the Funeral Home's facility or at another facility equipped to provide such services. The undersigned hereby agrees to INDEMNIFY and HOLD HARMLESS the Funeral Home, its affiliates and their agents and employees from any and all Liability or Claims which may result from any action taken in accordance with this Authorization to Embalm

\_\_\_\_\_  
(Signature & Relation to Decedent)

\_\_\_\_\_  
Date signed:

# Eric L. Wilson Funeral Service

## EVERGLADES CREMATORIUM

### AUTHORIZATION FOR CREMATION & DISPOSITION

This is a legal document that contains important provisions concerning cremation. Please understand that cremation is irreversible, so please read this document very carefully before signing.

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority, as a legally authorized person as defined in Florida Statutes 497.005(37), to authorize the cremation, processing and disposition for the remains of the late:

Name of decedent	Date of death	Time	Place of death
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I/We hereby authorize Eric L. Wilson Funeral Service to take possession of and make arrangements for the cremation of the Decedent at EVERGLADES CREMATORIUM. Also, I/We give the Crematorium full authority to cremate the remains of the deceased, and hereby authorize the Crematorium to return the cremated remains to the funeral home herein identified or as indicated below. I/We understand that the services and obligation of EVERGLADES CREMATORIUM shall be fulfilled when the cremated remains are returned to the possession and custody of Eric L. Wilson Funeral Service. Please adhere to the following requests:

Is special handling required?  YES  NO If yes, please describe: \_\_\_\_\_

Is a WITNESS CREMATION requested?  YES  NO If yes, Date \_\_\_\_\_ Time \_\_\_\_\_ No. of attendees \_\_\_\_\_

The cremation, processing and disposition of the remains of the Decedent authorized herein shall be performed in accordance with all governing laws, rules, regulation and policies of EVERGLADES CREMATORIUM, and the following terms and conditions:

1. The remains must be placed in a combustible, leak resistant and rigid container in which to cremate.
  2. Mechanical or radioactive devices implanted in the remains (such as Pacemaker) must be removed prior to cremation. Therefore, I/We authorize their removal prior to or after cremation and discarded according to laws and statutes. Please list items below:  
 a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_ d) \_\_\_\_\_
  3. Any cremation container wherein the remains are placed will be totally and irreversibly destroyed during cremation. I/We authorize the crematory to open the chamber during cremation in order to reposition the remains so as to facilitate a complete and thorough cremation.
  4. Articles such as body prostheses, dentures, dental bridgework, jewelry, dental fillings, dental gold caps, any metal parts that remain of the cremation containers, or other personal articles accompanying the remains may be destroyed during cremation. I/We authorize the crematory to separate any fractions thereof and discard legally.
  5. Following cremation, cremated remains consist primarily of bone and bone fragments, which are collected into a metal container and placed in a pulverizing machine before storing in a plastic bag and placed into a temporary cardboard cremation container. I/We authorize the crematory to pulverize all bone and bone fragments before placing in the temporary.
- I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees 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/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

Release Cremated Remains to: \_\_\_\_\_ Relationship: \_\_\_\_\_

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Print Name \_\_\_\_\_ Relationship to decedent \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_

Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Print Name \_\_\_\_\_ Relationship to decedent \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_

WITNESS \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

Name of Funeral Home \_\_\_\_\_

Referred By: \_\_\_\_\_ Case #: \_\_\_\_\_

Vital Statistics Form  
(This form must be typed or printed clearly)

Name: \_\_\_\_\_  
First Middle Last Suffix

Sex: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Armed Forces:  Yes  No Branch: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City State County

Place of Death: \_\_\_\_\_

Hospital  Residence  Hospice  Nursing Home/Assisted Living  Other

City: \_\_\_\_\_ Inside City Limits:  Yes  No County of Death: \_\_\_\_\_

Occupation: \_\_\_\_\_ (Do not use retired) Business: \_\_\_\_\_  
(Type of Business, i.e. factory, homemaker, etc.)

Marital Status:  Married  Widowed  Never Married  Married/Separated  Divorced

Spouse: \_\_\_\_\_ (If Wife, give maiden name)

Residence: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Inside City Limits:  Yes  No

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hispanic or Haitian Origin: (Circle which applies) If Yes: (Specify) \_\_\_\_\_

Race:  American Indian or Alaska Native  Asian  Black or African American  White  Other

Education:  8<sup>th</sup> Grade or Less  High School  Degree (AS, BS, MA, PHD)  Other

Father's Name: \_\_\_\_\_  
First Middle Last Suffix

Mother's Maiden Name: \_\_\_\_\_  
First Middle Last Suffix

Informant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*This form is used to complete the death certificate, which is a legal document and filed with the State of Florida. It is therefore important to fill completely and accurately with the proper spelling of names and places. Corrections to the death certificate require 6 – 8 weeks and there are fees that apply.*

*I certify that to the best of my knowledge that all information provided is true and correct.*

Signature of person completing form X \_\_\_\_\_