



# No Fee Obituary Information

Please complete for your complimentary obituary

or

I request no obituary - Sign Here X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Fill in all blanks, use "0" if information does not apply.

Local Newspaper :

Name to appear as:

Last, First, Middle

Came to current city or county in what year?:

Former residence:

He / She was Retired from:

Position or Title:

Church, Civic groups, lodges, clubs etc.

He / She was a member of :

Military Service, branch, years, location, medals & decorations :

Spouse :

Year & date Married:

Living blood relatives ( example : John Doe – Newark, New Jersey)

Sons :

Daughters :

Brothers :

Sisters :

Parents :

Grand Children # :      Great Grand Children # :      Great Great Grand Children # :

American Heritage will submit this information as a part of our service. The newspaper editor determines content that actually appears in a newspaper. If a newspaper requires any fee, American Heritage will obtain approval from the next of kin.

Your Signature - X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*If a significant amount of time passes, this information will be updated at time of need by confirming with next of kin.



E. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMATED REMAINS

I/we hereby request, authorize and direct you to cremate, in accordance with and subject to your rules and regulations, the remains of \_\_\_\_\_ deceased, and container containing same, as delivered to you with permit by American Heritage Cremation Society, Direct Disposer on (Date); subject, however to the 48 hour State Law and to necessary changes of time because of other than scheduled arrival of body or other commitments of the crematory and within time specified on contract for cremation.

I/we, of legal age, hereby certify that (1) I/we am/are the \_\_\_\_\_ of the above named deceased, that (2) I/we alone have the right to give authorization and direction for said cremation and disposition of the cremated remains, and that (3) the deceased left no other direction for the disposition of his/her remains; and I/we hereby agree to defend, indemnify and keep harmless \_\_\_\_\_ and their representatives from any and all liability of whatsoever kind, or claim therefore, for whatsoever they, or either of them, may do by virtue hereof.

NOTICE: Heart Pacemakers or any Battery Operated Implantable Medical Device can be dangerous when placed in a cremation chamber. If the crematory does not receive proper notice, the family shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability.

B. Pacemaker or Device Containing Battery: Yes No

I the undersigned, do understand that due to the nature of the cremation process any valuable material, including dental gold, will be destroyed. The undersigned also declares that all personal possessions have been or be removed from the deceased by a family member or his/her personal representative, and shall hold harmless, defend, indemnify the cremation society, crematory or its/their agents and/or representatives from loss. The undersigned does understand that cremated remains are basically bone fragments which are processed to permit placement in a (urn). If container is furnished by the undersigned or his/her family, and said container capacity is to accommodate all of the remains, the crematory will place excess cremains in a temporary container to complete disposition, as agreed above, unless otherwise instructed in writing by the undersigned.

After cremation, I/we direct you to carry out disposition of the cremated remains in the following manner and do by selection below:

- C. Select One: Forward to designated receiver \*Recipient's Name & Address: Return to family Forward to National Cemetery at Placement at Sea per Federal Guidelines for disposition according to Florida Statutes, Section 470.0255

F. Authorizing Signature: \_\_\_\_\_ D. Name: \_\_\_\_\_

G. Notary as Witness: \_\_\_\_\_

Signature of Notary including Stamp Seal. Indicate one: ID Produced \_\_\_\_\_ or Circle for: Personally Known

Altering of this document may render it void. Do not fill in below this double line.

Direct Disposer in Charge: American Heritage Cremation Society

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_ Forward Cremains to: \_\_\_\_\_

SPACE BELOW FOR CREMATORY USE ONLY

Date Received: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date Cremation Completed: \_\_\_\_\_

Issued at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I/we hereby attest that the cremation was carried out under: \_\_\_\_\_

My/our direction as authorized above. \_\_\_\_\_

**Date:**

### **Legally Authorized Person**

I/We, the undersigned, certify and represent that I/we have full legal right and authority, and know of no living person who has a superior priority right under state law, as shown below, to authorize the cremation, processing and disposition of the remains of : \_\_\_\_\_

Definition:

#### **Chapter 497.005 “Definitions”**

(37) “Legally authorized person” means, in the priority listed, the decedent, when written inter vivos authorizations and directions are by the decedent; the surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. 741.28 that resulted in or contributed to the death of the deceased; a son or daughter who is 18 years of age or older; a parent; a brother or sister who is 18 years of age or older; a grandchild who is 18 years of age or older; a grandparent; or any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased’s human remains by others in the same class of the person making the representation or of any person in a higher priority class.

Signature of Legally Authorized Person : \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ **Select one per Statute above**

Fax to: 1-888-744-4181

Mailing:

P.O. Box 182 Hernando Florida 34441

1-800-756-2311



Since 1997

### Contract for Simple Cremation Service

Purchaser will be required to provide us with a signed copy of this form *after* death.

**\$1700**

-1 Transportation into our care, Alternative container, Refrigeration of deceased, Medical Examiner Fee, Production, Administration, Coordination with certifying physician & Certification of death certificate, Documents & permits, Rigid container for ashes, Cremation procedure within 7 business days of completing all requirements under Florida Law, One certified death certificate & 48 \*State delivery of cremated remains. Services completed are non-refundable.

\_\_\_\_\_ Decedents weighing 300-450 lbs will be charged an additional fee of \$395

#### 2. Available in Mainland Florida

- ◆ Family completes paperwork as outlined on Cremation Authorization Cover Page or by our staff at your location where available.
- ◆ Third party merchandise is not accepted to maintain quality control
- ◆ Ashes are returned per United States Postal Service requirements, from our location by appointment or in person delivery where available.

#### 3. Services listed below are available upon your request, they are not required.

- \_\_\_\_\_ = \_\_\_\_\_ Additional State of Florida Certified Death certificates **\$ 8 each**
- \_\_\_\_\_ = \_\_\_\_\_ Placement of each additional obituary, \$15 does not include newspaper fees.
- \_\_\_\_\_ = \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ = \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ = \_\_\_\_\_ Division, filling Pendants or Vaulting Cremated Remains \$39, each available on a per case basis
- \_\_\_\_\_ = \_\_\_\_\_ Additional USPS Mail Delivery Fee \$200 each
- \_\_\_\_\_ = \_\_\_\_\_ Initiate Expedite Cremation-Case by Case Basis \$495-Initiate Certification of Death Certificate \$295
- \_\_\_\_\_ = \_\_\_\_\_ Formal Urn USPS Mail Additional Fees in the 48 States \$95, Oversize \$190 case by case basis.
- \_\_\_\_\_ = \_\_\_\_\_ World Wide [Travel Protection](#) \$349\_
- \_\_\_\_\_ = \_\_\_\_\_ Placement of Cremated Remains in the Gulf of Mexico per Federal Regulations by following Season's end ~ Specify on Cremation Authorization "Placement of Cremated Remains in the Gulf of Mexico" \$150

**Default Total: \$1700** \*Unless other Service or Items are Requested, this Arrangement is Paid In Full.

Amount Paid: \_\_\_\_\_ Balance Due: 0 Paid In Full : Yes

Adjusted Total: \$ \_\_\_\_\_ Method of Payment \_\_\_\_\_ On: \_\_\_\_\_

Beneficiary: \_\_\_\_\_  
Print or Type Name who arrangement is for

Signature of Purchaser: \_\_\_\_\_ Printed Name: \_\_\_\_\_

American Heritage Representative: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Florida Logistics:  
3380 East Hilltop Loop P.O. Box 182 \* Hernando \* Florida \* 34441 \* USA