

Craig Memorial Park & Crematory

2600 Old Moultrie Road

P. O. Box 99

St. Augustine, FL 32085

ORDER TO CREMATE

Permit # _____

Date: _____

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 casket alternative container containing same as delivered to you with Permit # _____ by _____, Funeral Director/Direct Disposer on _____ the _____ day of _____, 2____; subject however, to the 48-hour State Law and necessary changes of time or because of other scheduled arrival of bodies or commitments of crematory.

I/We, of mature age, hereby certify (1) that I/We am/are the _____ of the above named deceased, (2) that I/We alone have the right to give authorization and direction for said cremation and disposition of the cremated remains, and (3) that the deceased left no other direction for the disposition of his/her remains; and I/We hereby agree to defend, indemnify and keep harmless the aforesaid Funeral Director/Direct Disposer and Crematory 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.

After cremation, I/We direct you to FORWARD the cremated remains to _____ within 15 days from date of cremation. Should delivery fail, or if for any reason whatsoever the cremains are left in the possession of either the Funeral Director/Direct Disposer or the Crematory, after a period of 120 days, then this instrument shall constitute full and complete authority to said Funeral Director/Direct Disposer and/or Crematory to make permanent disposition of said cremated remains as per **Florida State Law Chapter 497.607 (Declaration of Intent)**.

Further, I/We hereby certify that the data on the reverse side of this order to cremate is true and correct to the best of my/our knowledge.

Witness(es):

Name:

THIS RECORD IS TO BE COMPLETED PRIOR TO CREMATION OF REMAINS

NAME OF DECEASED: _____

DATE OF DEATH: _____ HOUR: _____ AGE: _____

PLACE OF DEATH: _____

LEGAL RESIDENCE: _____

SEX: _____ S.M.W.D.: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

PACEMAKER Y/N: _____ REMOVED BY (initials) _____

FUNERAL DIRECTOR IN CHARGE: _____

FORWARD REMAINS TO: _____

ADDRESS: _____

_____ (Funeral Home or Cremation Society)

CERTIFIES THAT REMAINS DELIVERED TO CRAIG MEMORIAL PARK AND
CREMATORY, ST. AUGUSTINE, FLORIDA ARE THOSE OF THE DECEASED AS
STATED ABOVE

BY: _____

DO NOT WRITE BELOW THIS LINE/CEMATORY USE ONLY

RECEIVED: _____ PERMIT NO: _____

CEMATION COMPLETED: _____ AT ST. AUGUSTINE, FLORIDA

I/WE HEREBY ATTEST THAT THE CREMATION WAS CARRIED OUT UNDER
MY/OUR DIRECTION AS AUTHORIZED ON THE REVERSE SIDE THEREOF.

BY: _____

RECEIVED THE CREMAINS OF _____

THIS _____ DAY OF _____ 20 _____

BY: _____, _____ FUNERAL HOME