

Brandon, Florida 33511-4853

(813) 684-7500

Assignment of Authority to Authorize Cremation and Disposition

,	_, the undersigned, hereb	y certify and represent that I am the
surviving	of(FULL NAME OF D	("the Deceased"),
·		emate his / her remains in accordance with, to handle all arrangements with
		he Deceased's cremated remains, on my
I will will not (check one expenses.) accept financial respons	sibility for the cremation and any related
and assigns, harmless from any and	d all loss, damages, liabi onnection with the cremat	nation Service, the crematory, their affiliates lity or causes of action (including attorneys' ion and disposition of the cremated remains ve named person.
Signature:		
Address:		Telephone:
	NOTARY PUBLIC	;
		nis day of,
·		y known to me or who has/have produced the
following as identification: Type of Identi	fication :	
Signature of person taking acknowledge Notary Seal (Rubber Stamp and		