

Jewish National Cremation Society®

SINAI MEMORIAL CHAPELS, INC.

CREMATION AUTHORIZATION

TO: _____Crematorium PERMIT NUMBER _____-F039893-_____

M. E. # _____ DATE _____

M. E. NAME DISTRICT # _____

The undersigned hereby request and authorizes, in accordance with and subject to our rules and regulations as well as the State of Florida, to cremate the remains of _____ who died at _____ on the _____ day of _____ 20____ at _____ AM/PM

The undersigned certifies and represents that he / she is the next of kin to the named deceased and have full legal authority to order this cremation. I further state that I am not aware of any living person who has a superior right to authorize this cremation. I agree to hold the crematory, funeral home, and funeral director harmless from liability on account of said authorization. The undersigned, as well, knows that the Medical Examiner's approval must be obtained before the cremation can take place, and that a 48 hour waiting period is required before the cremation can take place, subject to the approval of the Medical Examiner. Permission is also granted to remove a pacemaker if there is one in the body of the deceased. The undersigned is aware that after a period of 120 days after the cremation, if the cremains have not been claimed then the funeral home, according to Florida Statutes, Section 470.0255, can dispose of the cremains.

Urn () Yes () No

Type of urn

Signature of person granting authorization

Witness to signature

Relationship of person granting authorization

Funeral Director's Signature

Address

F057654

Funeral Director's License number

15120 JOG ROAD, DELRAY BEACH, FLORIDA 33446

TEL (561)-865-1747 / FAX 561-921-0897

www.JewishDirectCremation.com

Jewish National Cremation Society®

Sinai Memorial Chapels

Body Release Form

Date: _____

I the undersigned being the principle or legal next of kin, hereby authorize
JEWISH NATIONAL CREMATION SOCIETY (SINAI MEMORIAL CHAPELS INC.) and/ or it's agents,
to remove and take possession of the remains of:

And further authorize **JEWISH NATIONAL CREMATION SOCIETY (SINAI MEMORIAL CHAPELS, INC.)**

☐ **Embalm** said remains

☐ **Do not embalm** said remains, but to authorize sanitary care and refrigeration

Signed: _____

Address: _____

Relationship: _____

Witness: _____

15120 Jbg Road Delray Beach, Florida 33446
Office (561) 865-1747 / Fax (561) 921-0897 / Toll Free (800) 824-1550
Email: Robert@SinaiMC.com
www.JewishDirectCremation.Com

*** Embalming is not required by Florida State Law***