

# Release

Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

I authorize Crevasse's Simple Cremation to pick up the body of \_\_\_\_\_ for cremation services. I/We represent that we are the legal next of kin to the deceased. I/We give permission for refrigeration as required by the state of Florida until the time for cremation. I/We understand that the cremation will take place within approximately 10 days excluding holidays and weekends. As required by the State of Florida, 48 hours must pass from time of death, a Florida death certificate must be signed by the Doctor or Medical Examiner, cremation approval must be obtained from the Medical Examiner's Office, and authorization from the legal next of kin must be signed.

[Signature/Relationship]

[Date]

Director

[Date]

**GAINESVILLE**  
4127 NW 27th Lane, Suite B  
Gainesville, FL 32606  
(352) 379-3779

**OCALA**  
7651 SW HWY 200, Suite 208  
Ocala, FL 34476  
(352) 369-0086

**JACKSONVILLE**  
8789 San Jose Blvd., Suite 302  
Jacksonville, FL 32217  
(904) 990-5274

**ST. AUGUSTINE**  
1740 Tree Blvd., Suite 117  
St. Augustine, FL 32084  
(904) 789-3457