

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