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## Authorization for Removal/Transport and/or Embalming

I am a legally authorized person, as defined by Section 497.005(37), Florida Statutes (set forth below) and I authorize \_\_\_\_\_ the removal/transport and/or \_\_\_\_\_ the embalming of the human remains identified herein by checking the box immediately before the action that I authorize. I attest that I am not aware of any person in my priority class or higher that objects to this authorization.

"Legally authorized person" means, in the priority listed, the decedent, when written inter vivos authorizations and directions are provided by the decedent; the surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. [741.28](#) that resulted in or contributed to the death of the deceased; a son or daughter who is 18 years of age or older; a parent; a brother or sister who is 18 years of age or older; a grandchild who is 18 years of age or older; a grandparent; or any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, or administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class.

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Name of Funeral Establishment \_\_\_\_\_

Date of Embalming \_\_\_\_\_

Name of Legally Authorized Person \_\_\_\_\_

Signature of Legally Authorized Person \_\_\_\_\_

Date \_\_\_\_\_