



GULF COAST CREMATIONS

Date

The undersigned being the next of kin hereby authorize Gulf Coast Cremations and/or its agents, to remove and take possession of the remains of:

, and further authorize Gulf Coast

Cremations to:

- Authorize sanitary care and refrigeration, to comply with Florida Statutes 872.03 and 470.032 (b).

Signed

Address

Relationship

Witness

Telephone authorization given to

By

Date

Time



Clear Form

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