

**GENESIS FUNERAL HOME & \$495 CREMATION CENTER INC.**  
5749 PEMBROKE RD. HOLLYWOOD, FL. 33023  
OFFICE: (954) 962-3017 FAX: (954) 962-3019 TOLLFREE: (877) 962-3017

**ARRANGEMENT WORKSHEET**

**Decedent Name:** \_\_\_\_\_  
First Middle Last

**Sex:**  Male  Female **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Death:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SS #** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Veteran:**  Yes  No

**Place of Birth:** State \_\_\_\_\_ Country \_\_\_\_\_ City \_\_\_\_\_

**Place of Death:** \_\_\_\_\_  
Street Address Apt #  
\_\_\_\_\_  
City State Zip County

**Home Address** \_\_\_\_\_  
Street Address Apt #  
\_\_\_\_\_  
City State Zip County

**Marital Status:** S  M  D  W  **Surviving Spouse Name**  
(If wife maiden name) \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Industry:** \_\_\_\_\_  
(Last or Usual)

**Race:** \_\_\_\_\_ **If Hispanic or Haitian**  
**Provide Origin:** \_\_\_\_\_

**Fathers full Name:** \_\_\_\_\_ **Mothers full Name:**  
(If married maiden name) \_\_\_\_\_

**Education :**  Grades 8 or Less  Grades 9-12 No Diploma  GED or H.S. Diploma  Some College No Degree  AS  BA  MA  DOC  UNKNOWN

**Legal Next of Kin/ Informant Name:** \_\_\_\_\_

\_\_\_\_\_  
Street Address Apt #  
\_\_\_\_\_  
City State Zip County

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Authorized Contact Name :** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*The cremation process may take from 10-14 days (excluding weekends, holidays, shipping or medical delays).  
Please review this form carefully, the information provided will be used for the completion of the death certificate,  
Charges will apply for corrections needed as a result of incorrect or illegible information provided.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# GENESIS FUNERAL HOME

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OFFICE: (954) 962-3017 FAX: (954) 962-3019 TOLLFREE: (877) 962-3017  
Email: genesisfuneralhome@gmail.com

## Release of Remains Authorization

To Whom It May Concern At: \_\_\_\_\_  
(Name of the Hospital or Residence Address)

This Is Your Authority To Release The Remains of:

\_\_\_\_\_  
(Deceased Name)

To **Genesis Funeral Home & \$495 Cremation Center Inc.** To Care For and Prepare For Burial and/or Other Disposition.

X \_\_\_\_\_  
Printed Name of Person Granting Authorization

\_\_\_\_\_  
Relationship

X \_\_\_\_\_  
Signature of Person Granting Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Type of Service Selected: \_\_\_\_\_

<b>Information For Medical Examiner Department Record</b>	
Race: _____	Sex: _____
Date Of Birth: _____	Age: _____

Office us only:

Fax To:  Medical Examiner  Hospital  Hospice  Other

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**CREMATION AUTHORIZATION**

**Permit Number:** \_\_\_\_\_ **Me No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The undersigned hereby request and authorize in accordance with and subject to our rules and regulations as well as those of the State of Florida to cremate the remains of: \_\_\_\_\_  
(Name of Deceased)

age \_\_\_\_\_, who died at \_\_\_\_\_, on the  
(Place of Death)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ am/pm.

**LEGALLY AUTHORIZED AGENT**

The undersigned represents that they have the right to make such authorization and agrees to hold Genesis Funeral Home & \$495 Cremation Center Inc., its Funeral Director, Agents and Sub Contractors harmless from any liability to or as consequence of said authorization. The undersigned is aware that the Medical Examiner's approval must be obtained prior to cremation taking place, and that a 48-hour waiting period is required before the cremation can take place. Permission is also granted for the removal of pacemaker if one is present in the deceased. The undersigned acknowledges that they are aware that should the cremains remain unclaimed in excess of 120 days from the day of cremation, the Funeral Home according to Florida Statutes; Section 470.0255 can dispose of the cremains in a manner described by the above mentioned statute. Undersigned understand that Florida law requires the Crematory to receive written authorization for cremation from a legally authorized person and certify that they qualify as such in the manner noted below. Furthermore, they represent that the Decedent did not give directions that his or her human remains not be cremated, nor are they aware of any objections to the cremation of the Decedent's human remains by others in the same class of person listed below as the undersigned or of any person in a higher priority class.

**(CHECK APPLICABLE BOX) I HAVE FULL AUTHORITY TO ACT AS AUTHORIZING AGENT AS:**

- Undersigned is making this authorization for himself or herself.
- Surviving spouse of the Decedent at the time of death and I am entitled to serve as authorized agent
- Surviving adult child of the Decedent age 18 years or older, I have notified or attempted in good faith to notify any other surviving adult children and I am entitled to serve as authorized agent there being no surviving spouse.
- Surviving parent of the Decedent I have notified or attempted in good faith to notify the other parent and I am entitled to serve as authorized agent with there being no surviving spouse or adult children.
- Surviving sibling of the Decedent age 18 years or older, I have notified or attempted in good faith to notify any other surviving siblings and I am entitled to serve as authorized agent there being no surviving spouse, children, or parents.
- Surviving next of kin of closest degree to the Decedent as \_\_\_\_\_ and I am entitled to serve as authorized agent there being no surviving spouse, children, parents or siblings.
- Court appointed legal representative or guardian, health surrogate of the decedent of at the time of death who can serve as the legally authorized person since either no family exists or is available (attached is a copy of the Court Appointment Documents or Will).
- Friend of Decedent or other person willing to assume the responsibility as the authorized person there being no surviving persons as listed above (attached is a copy of the Due Diligence FS 470.002(18))

**CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING**

**Part I (To be completed by funeral home representative)**

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

Reason visual identification was not performed: \_\_\_\_\_

Describe alternative methods used to confirm identification: *(e.g. Photographs, scars or tattoos)*  
 \_\_\_\_\_

Name and relationship of person providing identifying information: \_\_\_\_\_

Name of funeral home representative confirming identification: \_\_\_\_\_

**Part II (To be completed by legal representative)**

I \_\_\_\_\_, the undersigned having declined to make identification through actual viewing of the remains of the deceased, warrant that all representations and statements contained in this form are true and correct, I hereby agree to indemnify Genesis Funeral Home And \$495 Cremation Center Inc., its officers, directors, shareholders, affiliates, agents, employees and successors and assignees harmless from any and all claims, liabilities, losses, suits, cost or expenses or cause of action (including attorneys fees and all expenses of litigation) bought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify or resulting from its reliance on or performance consistent with such directions, representations, authorizations and agreements.

**This form must be signed in the presence of the funeral home employee or in the presence of a notary public**

Printed Name	Signature	Relationship	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
**Funeral Home Representative Name**                      **Signature**    **Date**

<b>Subscribed and Sworn Before Me</b> _____ 20_____ <input type="checkbox"/> <b>Personally known</b> or <input type="checkbox"/> <b>Produced Identification</b> <b>ID Produced</b> _____	<b>Printed Name of Notary</b> _____ <b>Signature of Notary</b> _____ <b>Stamp</b> _____
<b>My Commission Expires</b> _____	



GENESIS FUNERAL HOME  
5749 Pembroke Rd. Hollywood Fl 33023  
Phone (954) 962-3017 Fax (954) 962-3019  
Email: genesisfuneralhome@gmail.com

RELEASE OF CREMATED REMAINS AND DEATH CERTIFICATE(S)

OPTION A:

I \_\_\_\_\_ will personally be picking up the cremated remains and death certificates of \_\_\_\_\_ From *Genesis Funeral Home & \$495 Cremation Center Inc.*  
Decedent Name

*The undersigned acknowledges, that the cremation process may take from 10-14 days; (excluding weekends, holidays, medical delays or shipping) and that cremated remains which remain unclaimed in excess of 120 days from the date of cremation, may be disposed of by the Funeral Home according to Florida Statutes; Section 470.0255.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date:

OPTION B:

I \_\_\_\_\_ authorize *Genesis Funeral Home* to release the cremated remains and death certificates of \_\_\_\_\_ to \_\_\_\_\_  
Decedent Name Person Receiving Remains/DC's  
Phone \_\_\_\_\_

*The undersigned acknowledges, that the cremation process may take from 10-14 days; (excluding weekends, holidays, medical delays or shipping) and that cremated remains which remain unclaimed in excess of 120 days from the date of cremation, may be disposed of by the Funeral Home according to Florida Statutes; Section 470.0255.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date:

OPTION C:

I \_\_\_\_\_ hereby request and grant permission to *Genesis Funeral Home* to ship the cremated remains and death certificates of \_\_\_\_\_ to:  
Decedent Name

Name of Recipient \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

*The undersigned acknowledges, that the cremation process may take from 10-14 days; (excluding weekends, holidays, medical delays or shipping), that cremated remains which remain unclaimed in excess of 120 days from the date of cremation, may be disposed of by the Funeral Home according to Florida Statutes; Section 470.0255. The undersigned also acknowledges and agrees that following the proper delivery of the cremated remains to the United States Postal Service, Genesis Funeral Home & \$495 Cremation Center Inc. is released of further responsibly and/or held harmless of any liability resulting the late delivery, loss or damage of cremated remains by the United States Postal Service.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date:

OPTION D:

I \_\_\_\_\_ Give my permission and authorize *Genesis Funeral Home* to

Dispose (Sea Scatter) the cremated remains of \_\_\_\_\_  
Decedent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date:

Shipping By U.S. Postal Service (Express Mail USA ONLY)

**GENESIS FUNERAL HOME**  
**5749 Pembroke Rd. Hollywood Fl 33023**  
**Phone (954) 962-3017 Fax (954) 962-3019**  
**Credit Card Authorization Form**  
**All information will remain confidential**

**Cardholder Information:**

Cardholder Name: \_\_\_\_\_  
Card Billing Address: \_\_\_\_\_  
City State, Zip Code \_\_\_\_\_

**Credit Card Information:**

**Credit Card Type:**       Visa       Mastercard       Discover       Am Ex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (located on the back of the credit card): \_\_\_\_\_

**Please Select Services Requested**

- |                                     |  |                       |
|-------------------------------------|--|-----------------------|
| <input checked="" type="checkbox"/> | <b>Cremation with (2) Hr Memorial</b>  | <b>\$895.00</b>       |
| <input checked="" type="checkbox"/> | <b>Removal &amp; Transportation (Broward or Dade \$125) (Palm Beach \$150)</b> | <b>\$</b>             |
| <input checked="" type="checkbox"/> | <b>County Fee (Add: Broward or Dade \$65.00) (Palm Beach \$50.00)</b>          | <b>\$</b>             |
| <input checked="" type="checkbox"/> | <b>Death Certificates (\$15 ea)</b> # _____                                    | <b>\$</b>             |
| <input type="checkbox"/>            | Basic Urn W/ Inscription (\$40 ea)      # _____                                | <b>\$</b>             |
| <input type="checkbox"/>            | Shipping Cremated Remains (Optional Add \$95)                                  | <b>\$</b>             |
| <input checked="" type="checkbox"/> | <b>Credit Card Processing Fee</b>  | <b>\$ <u>3.95</u></b> |
|                                     | <b>Total (USD) Amount to Be Billed To Card:</b>                                | <b>\$</b>             |

**Cardholder Statement:**

I authorize Genesis Funeral Home to charge the agreed amount listed above to my credit card for the selected funeral services rendered to \_\_\_\_\_. I agree to pay for the purchase of these services in accordance with the issuing bank cardholder agreement.

**Cardholder – Please Print Name, Sign and Date Below:**

\_\_\_\_\_  
Printed Name of the Cardholder Granting Authorization

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Signature of Cardholder Granting Authorization

\_\_\_\_\_  
Date