

# ST. Fort's Funeral Home

16480 N.E. 19<sup>th</sup> AVE, North Miami Beach, FL 33162 (305) 940-1428-office (305) 940-1534-Fax Email: info@stfortsfuneralhome.com

## Authorization to Release the decedent

Re: \_\_\_\_\_

To: \_\_\_\_\_

The Undersigned here by authorizes and requests release of the above-mention Decedent to **St. Fort's Funeral Home @ 16480 NE 19<sup>th</sup> Ave., North Miami Beach, FL 33162, including its agents.**

St. Fort's Funeral Home including its agents, is hereby authorized to sign on behalf of the undersigned, any and all of the Authorizations that may be required to secure release of the above name decedent. The undersigned further represents that they have the legal right to make this authorization.

Signature \_\_\_\_\_ relationship to decedent \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ relationship to decedent \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Embalm

Re: \_\_\_\_\_

To: **St. Fort's Funeral Home @ 16480 NE 19<sup>th</sup> Ave., North Miami Beach, FL 33162, including its agents**

I, \_\_\_\_\_ **Do ( ) or Do Not ( )** request **Embalming**.

I understand that embalming is the replacement of body fluids by chemical preservatives, or the application of chemical preservatives for the temporary preservation of the body. I further understand that **Embalming is not required by law**. The undersigned hereby acknowledges and agrees that the foregoing authorization to **embalm** permits **St. Fort's Funeral Home, including its agents** to use the service of Independent embalmers and / or apprentices or interns in connection with the embalming care and preparation for disposition of the decedent, provided that any person rendering such service is allowed to perform such work under applicable law. The undersigned further acknowledges that the embalming care and preparation for disposition of the decedent, may be performed at the St. Fort's Funeral Home's facility or at another facility equipped to provide such services The undersigned hereby agrees to INDEMNIFY and HOLD HARMLESS the St. Fort's Funeral Home its affiliates and their agents and employees from any and all Liability or Claims which may result from any action taken in accordance with this authorization to **embalm**. Executed in the city of North Miami Beach in the State of Florida.

Signature \_\_\_\_\_ relationship to decedent \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ relationship to decedent \_\_\_\_\_ Date \_\_\_\_\_