

Wilcox

Family Funeral Home

Direct Cremation

Professional Services of Funeral Director and Staff

Removal from the place of Death

Refrigeration

Alternative Container

The Cremation

Temporary Container for Cremated Remains

Free On-Line Guest Book

\$695.00

Additional Services Offer:

Large selection of urns and keepsakes to choose from

Private Identification of your loved one

Witness Cremation

Mailing of Cremated Remains

7971 Riviera Blvd, Ste 110 Miramar, Florida 33023 ~ **Phone:** 954-639-7451 ~ **Fax:** 866-545-8576

www.wilcoxffh.com ~ info@wilcoxfamilyfh.com



Family Funeral Home

(954) 639-7451

RELEASE FORM

To whom it may concern at: _____
(Name of the Hospital, Hospice, Nursing Home)

This is your authority to release the remains of

(Deceased Name)

Date of Birth: _____ Sex: Female _____

Age: _____ Race: _____ Weight: _____

To **Wilcox Family Funeral Home, LLC** to prepare for cremation and/or embalming and other final disposition.

_____ Signature of the person granting authorization	_____ Print Name	_____ Relationship
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_____ Signature of the person granting authorization	_____ Print Name	_____ Relationship
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Type of services selected: _____

Wilcox

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PLEASE WRITE CLEARLY THIS IS A PERMANENT COPY***

1. DECEDENT'S NAME (First, Middle, Last, Suffix)				2. SEX	
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes
5. DATE OF DEATH (Month, Day, Year)					
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country)		8. COUNTY OF DEATH	
9. PLACE OF DEATH (Check only one)					
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
NON-HOSPITAL: <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/Long Term Care Facility					
10. FACILITY NAME (If not institution, give street address)			11a. CITY, TOWN, OR LOCATION OF DEATH		11b. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
12. MARITAL STATUS (Specify)			13. SURVIVING SPOUSES NAME (If wife, give maiden name)		
<input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					
14a. RESIDENCE - STATE		14b. COUNTY		14c. CITY, TOWN, OR LOCATION	
14d. STREET ADDRESS		14e. APT NO.		14f. ZIP CODE	14. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use "Retired"				15b. KIND OF BUSINESS/INDUSTRY	
16. RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified)					
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify Tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Other Specific Island (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin)					
<input type="checkbox"/> Yes (If Yes, Specify) <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school with diploma or GED <input type="checkbox"/> College but no degree College Degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix)			21. MOTHER'S NAME (First, Middle, Maiden Surname)		
22a. INFORMANT'S NAME			22b. RELATIONSHIP TO DECEDENT		22c. INFORMANT'S MAILING -STATE
23a. CITY OR LOCATION		23b. STREET ADDRESS			23d. ZIP CODE
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			25a. LOCATION - STATE		25b. LOCATION - CITY OR TOWN

Death Certificate ☐ With Cause ☐ Without Cause
Informant Telephone Number: _____

Mail To: _____

Wilcox

Family Funeral Home

SURVIVING FAMILIES AND LOCAL FRIENDS

➤ Name _____ Relations _____
Home Phone _____ Cell _____
Email _____ Fax _____
Address _____

➤ Name _____ Relations _____
Home Phone _____ Cell _____
Email _____ Fax _____
Address _____

➤ Name _____ Relations _____
Home Phone _____ Cell _____
Email _____ Fax _____
Address _____

➤ Name _____ Relations _____
Home Phone _____ Cell _____
Email _____ Fax _____
Address _____

➤ Name _____ Relations _____
Home Phone _____ Cell _____
Email _____ Fax _____
Address _____



Family Funeral Home

AUTHORIZATION FORM

CH 470

470.002 DEFINITIONS

(18) **"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](#), a son or daughter who is 18 years of age or older, a parent, a brother or sister 18 years of age or over, a grandchild who is 18 years of age or older, or a grandparent; or any person in the next degree of kinship. In addition, the term may include, if no family exists or is available, the following: 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 authorized person.

I, _____ (**Print Name**) do hereby state that there is no other next of kin according to the degree of kinship alive or I was selected by family to sign Wilcox Family Funeral Home authorization form for _____

(Name of beneficiary/deceased)

Signature

Date

Witness

Funeral Home Representative

Wilcox Family Funeral Home

AUTHORIZATION FOR CREMATION & DISPOSITION

This is a legal document that contains important provisions concerning cremation. Please understand that cremation is irreversible, so please read this document very carefully before signing.

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority, as a legally authorized person as defined in Florida Statutes 497.005(37), to authorize the cremation, processing and disposition for the remains of the late:

Name of decedent

Date of death

Time

Place of death

I/We hereby authorize **Wilcox Family Funeral Home** to take possession of and make arrangements for the cremation of the Decedent at **Everglades Crematorium**. Also, I/We give the Crematorium full authority to cremate the remains of the deceased, and hereby authorize the Crematorium to return the cremated remains to the funeral home herein identified or as indicated below. I/We understand that the services and obligation of **EVERGLADES CREMATORIUM** shall be fulfilled when the cremated remains are returned to the possession and custody of **Wilcox Family Funeral Home**. Please adhere to the following requests:

Is special handling required? ☐ YES ☐ NO If yes, please describe: _____

Is a WITNESS CREMATION requested? ☐ YES ☐ NO If yes, Date _____ Time _____ No. of attendees _____

The cremation, processing and disposition of the remains of the Decedent authorized herein shall be performed in accordance with all governing laws, rules, regulation and policies of **EVERGLADES CREMATORIUM**, and the following terms and conditions:

1. The remains must be placed in a combustible, leak resistant and rigid container in which to cremate.
 2. Mechanical or radioactive devices implanted in the remains (such as Pacemaker) must be removed prior to cremation. Therefore, I/We authorize their removal prior to or after cremation and discarded according to laws and statutes. Please list items below:
a) _____ b) _____ c) _____ d) _____
 3. Any cremation container wherein the remains are placed will be totally and irreversibly destroyed during cremation. I/We authorize the crematory to open the chamber during cremation in order to reposition the remains so as to facilitate a complete and thorough cremation.
 4. Articles such as body prostheses, dentures, dental bridgework, jewelry, dental fillings, dental gold caps, any metal parts that remain of the cremation containers, or other personal articles accompanying the remains may be destroyed during cremation. I/We authorize the crematory to separate any fractions thereof and discard legally.
 5. Following cremation, cremated remains consist primarily of bone and bone fragments, which are collected into a metal container and placed in a pulverizing machine before storing in a plastic bag and placed into a temporary cardboard cremation container. I/We authorize the crematory to pulverize all bone and bone fragments before placing in the temporary.
- I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devises, or take possession of, or make permanent arrangements for, the disposition of such remains.

Release Cremated Remains to: _____ Relationship: _____

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature _____
Address _____
Print Name _____ Relationship to decedent _____
Telephone Number () _____

Signature _____
Address _____
Print Name _____ Relationship to decedent _____
Telephone Number () _____

WITNESS _____ Date _____ 20 _____

Wilcox Family Funeral Home

ASSURANCE OF IDENTITY

PART 1: To be completed by next of kin or legally authorized person in charge of arrangements:

I, _____, decline to make a visual identification through actual viewing of the remains, and consequently hereby agree to indemnify and hold Wilcox Family F. H. and Everglades Crematorium of West Park, Florida, their officers, directors, shareholders, affiliates, agents, employees, successors and assignees harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorney's fees and expenses of litigation) brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify:

Authorizing Signature _____	Relationship to deceased _____
Printed Name of Person Authorizing _____	Date _____
NAME OF DECEASED _____	Date of Death _____

PART 2: To be completed at Everglades Crematorium to assure identity has been performed prior to cremation:

NOTE: Methods used to provide identification: Assurance of Identity through Chain-of-command initiated at place of death; hospital tags, Medical Examiner I.D. bands & bracelets, nursing home identification procedures, toe tagging, releasing agent/personnel signature; Crematory Removal Personnel identification tagging, crematorium logging upon arrival to crematorium, etc.

Method used to assure identity _____
Guiding Light Representative assuring identity _____
Signature of Representative _____
Date of Assurance _____

Everglades Crematorium are Supporters of CANA