

Good Life Funeral Home & Cremation

8408 East Colonial Drive, Orlando, FL 32817

Phone Number (407) 373-0033

Fax Number (407) 270-9198

WHEREABOUTS UNKNOWN

Deceased's Name ("Decedent") _____

The undersigned, _____, an individual presently residing at,

_____,

hereby represents and warrants that I am the surviving _____, of

_____ (the "Decedent").

It is the undersigned's understanding and belief that the Decedent desired cremation and was not opposed to cremation. The undersigned also represents and warrants that they have had no contact with the Decedent's _____, _____ for at least _____ years and do not know his/her whereabouts. By his/her signature hereon, the undersigned represents and warrants that he/she is willing to assume full legal and financial responsibility for the disposition of the Decedent's remains. The undersigned agrees to release, defend, indemnify, and hold harmless Good Life Funeral Home & Cremation, its affiliates and their officers, directors, employees, representatives, and agents from all liabilities, claims or causes of action arising out of or in any way connected with his/her representations hereon or authorization and instructions to dispose of the remains of the Decedent.

Signature / Relationship of Authorized Person

Date

Funeral Home Representative

Date