

Good Life Funeral Home & Cremation
8408 East Colonial Drive, Orlando, FL 32817
(407) 373-0033

Addendum to
AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

Name of Decedent: _____ Date of Death: _____

Name of person not signing cremation authorization: _____

Relationship to Decedent: _____ Phone Number: _____

Has the above named person been contacted and informed of the death? Yes No

If No, please state the reason:

Please state the reason the above named person is unable to sign the Authority to Cremate and Order for Disposition:

I/We declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct and that I/We have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent.

Initial _____ I am aware of no objection to this cremation by any spouse, child, parent or sibling.

Signature: _____ Relationship: _____ Date: _____

Signature: _____ Relationship: _____ Date: _____

Signature: _____ Relationship: _____ Date: _____

Notary: