



AUTHORIZATION

I, _____ hereby authorize **Arlington Funeral Services, LLC** and its agents, employees, or representatives to:

Take custody of the remains of _____ decedent from _____ the place of death or current holding facility.

Transfer the remains to their facility for the purpose of preparation, care, and final disposition.

Receive personal effects accompanying the decedent (if applicable).

I understand that by signing this authorization:

1. I affirm that I have the legal right to authorize the transfer and disposition of these remains.
2. I understand that this authorization permits the funeral home to take custody prior to completion of all arrangement details.
3. I agree to indemnify and hold harmless the funeral home from any liability arising from reliance on this authorization.
4. I understand that any changes in authorization must be provided in writing.

SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Authorizing Agent: _____

Printed Name: _____ Relationship: _____

Date: _____ Time: _____

Witness (Funeral Home Representative): _____