



AUTHORIZATION

I hereby designate the above name funeral establishment to take charge of the funeral arrangement for: _____, and

Authorize the release and the removal of the remains to said funeral establishment for the purpose of embalming.

I represent that I am the next of kin, or I am acting as an authorized agent for the next of kin.

Signed:	Date:
Print Name:	Relationship:
Co-Signed:	Date:
Print Name:	Relationship:
Witness:	Date:

For Verbal (Telephone) Authorization

Authorization form:	Time:
Date:	Relationship:
Received by:	