



REPATRIATION FORM

I hereby designate **Solace Funeral Home Jamaica** to be the receiving agent for the late _____ who(s) remains will be arriving by cargo or plane to the **Norman Manley International Airport** ☐ (or) **Donald Sangster International Airport** ☐

On _____ at _____ (AM/PM) From _____
(State/Province, Country)

I hereby authorize the release and the removal of the remains to said funeral establishment for the purpose of Embalming ☐ (OR) Cremation ☐

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: