

Aubrielle's Hope

Release of Information

I _____ (Parent's name), authorize

(Name of Funeral Home or
Cemetery) to release the following information and documents to
Aubrielle's Hope nonprofit organization.

- Information about parent(s): name(s), address and phone number(s)
- Information about child: name, date of birth, date of death
- A copy of the child's death certificate, if applicable

*This information and documents will only be used for record keeping
by Aubrielle's Hope.

Parent(s) signature: _____

Date: _____