



Release of Information

I _____ (Parent's name), acknowledge that a representative from Aubrielle's Hope will be contacting _____ (Name of Funeral Home or Cemetery) to discuss my child and payment of services. I also authorize the release of the following information and/or documents to Aubrielle's Hope nonprofit organization, if necessary.

- Information about parent(s): name(s), address and phone number(s)
- Information about child: name, date of birth, date of death.

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

Parent(s) signature: _____

Date: _____