

AUTHORIZATION FOR RELEASE AND EMBALMING

		Name of Institu	ıtion/Individ	ual	
		To release th	ne remains of	f	
		Name of	Deceased	 -	
Date of De	eath:/	Race:	Sex:	Date of Birth:/_	/
special car general ov contracto body of the Th prepare the profession	ses, authorizes the full whership and manage its or a commercial empty of the deceased. e undersigned authorities body of the deceased its large its point of the deceased its large its	neral establishme ment or used lic abalming establist izes and directs to ed for burial and preparation of the tion, documenta	ent to utilize ensed embal shment to car the funeral estimated to the funeral estimated to the funeral estimated to the deceased of the funeral estimated to the funeral es	ot required by law except a licensed facility under the mers as agents or independent re for, embalm, and preposition. In the event the deem it necessary, photographic information or processed the understanding of confidence in the confidence of	he same ndent are the and e licensed graphs edures
necessary	ct for the deceased w	ill be maintained	l.		dentiality
necessary and respe	ct for the deceased w		l. _	(6)	dentiality
necessary and respe			l. _	(Signature)	dentiality