

AUTHORIZATION FOR REMOVAL OF REMAINS

I hereby designate premier mortuary services to take charge of funeral arrangements for:

I authorize the release and removal of the remains to said establishment. I release premier mortuary services from all liability or damages to residence that may be incurred in removal of remains from residence. I represent that I am the next of kin or I am acting as an authorized agent for the next of kin.

Signed: _____ Date: _____

Relation: _____

Witness: _____ Date: _____
