



*"He Maketh me to lie down in Green Pastures"*

I am the legal next of kin authorizing agent for:

\_\_\_\_\_

The following qualifies me as legal next of kin or authorizing agent giving me legal authority to make the request of cremation:

Please initial one of the following:

\_\_\_\_\_ I am the spouse, legally married to the deceased.

\_\_\_\_\_ I am separated but not divorced from the deceased.

\_\_\_\_\_ I am the only living child of the deceased.

\_\_\_\_\_ I am named as "Authorizing Agent" in GA Advanced Health Care Directive. **(Need Copy)\*\*\***

\_\_\_\_\_ I have a Durable Power Attorney for Healthcare. **(Need Copy)\*\*\***

\_\_\_\_\_ I am the only living relative of the deceased.

\_\_\_\_\_ I am the Father of the deceased \_\_\_\_\_ I am the Mother of the deceased.

\_\_\_\_\_ Other, please explain: \_\_\_\_\_

**\*\*\*Please send copy to the Crematory**

Authorizing Agent's Name (Print) \_\_\_\_\_

Authorizing Agent's Signature \_\_\_\_\_

Relationship \_\_\_\_\_ to  
deceased \_\_\_\_\_

Date: \_\_\_\_\_

Funeral Director's Signature \_\_\_\_\_

Funeral Director's Printed Name: \_\_\_\_\_ License

# \_\_\_\_\_

Date: \_\_\_\_\_