



Authorization For Release Of Human Remains

Date: _____

To Who It May Concern: _____

You are hereby authorized and directed to release the human remains of:

to JP Holley Funeral Home & Crematory.

*Signature: _____ Relationship: _____

Address: _____

Signed Date: _____

***By signing this form I authorize and acknowledge that I am the legal next of kin of above referenced deceased. I also acknowledge that I have the decision making authority and attest the above information to be accurate and true.**

NE Columbia Chapel
9010 Farrow Rd
Columbia, SC 29223
803-764-0888

SE Columbia Chapel & Crematory
8132 Garners Ferry Rd
Columbia, SC 29209
803-695-1666

St. Matthews Chapel
102 Church Street
St. Matthews, SC 29135
803-874-3317

Bishopville Chapel
114 East Church Street
Bishopville, SC 29010
803-484-7245

Celebrating 100 Years of Service