

AUTHORIZATION

I hereby designate F.B. Pratt and Son Funeral Home, Inc. to take charge of funeral arrangements for:

and I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming.

I represent that I am the next of kin, or am acting as an authorized agent for the next of kin.

Signed: _____

Relationship: _____

Co-Signed: _____

Relationship: _____

Witness:

Date:

FOR VERBAL (TELEPHONE) AUTHORIZATION

Authorization from: _____

Relationship: _____

Date: _____ Time: _____ Received by: _____