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6300 Hwy 28 South
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McCORMICK

Authorization for Release of Human Remains

Decedent's Name: _____

Date of Death: _____ Date of Birth: _____ SS#: _____

Releasing Facility: _____

Name of person (Next of Kin) authorizing release: _____

Relationship to Deceased: _____

Address: _____

Telephone Number(s): _____

Signature of person (Next of Kin) authorizing release: _____

Date signed: _____

I hereby authorize the releasing facility listed above to release the remains and property of the above-named decedent to the funeral home designated below for preparation and/or disposition.

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

Name of Authorized Funeral Home: _____

Address: _____

Funeral Home Telephone Number: _____

Name of Funeral Home Representative: _____

Title of Funeral Home Representative: _____

Date Signed: _____