

AUTHORIZATION FOR RELEASE OF REMAINS & EMBALMING

I/WE, the undersigned, do hereby designate LILLY & ZEILER INC. FUNERAL HOME to take charge of the funeral arrangements for: _____, and I/We authorize the release and removal of the remains of: _____ to LILLY & ZEILER INC. FUNERAL HOME. _____ Initial

I/WE, the undersigned, do hereby authorize the LILLY & ZEILER INC. FUNERAL HOME to embalm and perform any reconstructive and post mortem derma surgery procedures and/or techniques they deem necessary, and otherwise prepare for burial, and/or other disposition on the body of: _____ Initial

I/We, the undersigned, do not authorize the LILLY & ZEILER INC. FUNERAL HOME to embalm and perform any reconstructive and post mortem derma surgery procedures and/or techniques they deem necessary, and otherwise prepare for burial, and/or other disposition on the body of: _____ Initial

I/We are all of the next of kin or represent the next of kin. I/We also agree to hold LILLY & ZEILER INC. FUNERAL HOME, their employees, agents and owners harmless with respect to any and all claims of any nature whatsoever made by any person with respect to all damages of every kind.

This authorization is granted this _____ day of _____, 20____ at _____ A.M./ _____ P.M..

Received Via: _____ in person; _____ fax; _____ telephone; _____ pre-need

Name and address of receiving funeral home if other than above:

Signed _____ (Seal) Relationship _____

Print Name

Signed _____ (Seal) Relationship _____

Print Name

Representative of Firm: _____