



Sullivan
Funeral Care LLC
Because We Care

P.O. Box 669 | 111 W. Wilbur Mills Ave. | Kensett, Arkansas 72082

Phone: 501-742-3621 | Fax: 501-742-3622 | Email: info@SullivanFuneralCare.com

ARKANSAS STATE CRIME LAB RELEASE FORM

FAX TO: Arkansas Medical Examiner’s Office 501-221-1653

Date: _____

NAME of DECEASED: _____

DATE of BIRTH: _____

The undersigned hereby authorized, directs and requests that SULLIVAN FUNERAL CARE, LLC takes possession of the deceased remains of _____ from the State of Arkansas Medical Examiner for the purpose of final disposition.

I hereby certify that I have the legal right and authority to execute and make this authorization and agree to indemnify, protect, and hold harmless SULLIVAN FUNERAL CARE, LLC and /or its agents against any and all manner of liability, claims, or cause of action arising from or pertaining to this authorization.

 Next of Kin or Legal Representative Signature

 Printed Name Relationship to the Deceased

 Phone

 Address

 City State Zip Code