



Authorization for Release

Decedent: _____

Address: _____

Date of Birth: _____ SS # _____

I hereby designate Paradis-Givner Funeral Home to transfer the remains of the decedent listed above to the funeral home. I authorize the release of any personal belongings and valuables to the funeral home. In addition, if the decedent has an implanted defibrillator or pacemaker, I also authorize the funeral home to remove and recycle the device.

Embalming Authorized

Embalming not Authorized

Signed: _____ Relationship: _____

Address _____

Phone: _____ Next-of-Kin : Yes / No

Co-signed: _____ Relationship: _____

Address: _____

WITNESS: _____ DATE: _____

Verbal Telephone Authorization

Telephone Authorization from: _____

Relationship: _____

Date: _____ Time: _____

Received by: _____ Telephone Witness: _____