REMOVAL & CREMATION AUTHORAZATION

I hereby designate the above-named funeral establishment 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 cremation.

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) AUTHORAZATION:

Authorization from_____
Relationship_____
Date_____Time_____AM/PM Received by_____

Phone: **(770) 322-8000**
Fax: **(770) 322-8090**
Email: **divinemortuaryservices@yahoo.com**
www.divinemortuaryservices.com