

Arcelays Funeral Services LLC

Authorization for Release of Human Remains

I, _____ represent that I am the nearest degree of
Printed Name

Kinship, and am duly authorized to release the remains of _____
Decedent

From _____ to Arcelays Funeral Services LLC
Location

To care, refrigerate, embalm and prepare for final disposition.

I acknowledge and agree that this release authorization permits the funeral home to use the services of other funeral homes / affiliates, or other independent contractors in connection with the transfer of the decedent from place of death.

I represent that I have authority to give this authorization. I agree to indemnify and hold harmless the funeral home, its affiliates and their agents and employees from all liability or claim which may arise because of this release authorization.

Executed on or about this _____ day of _____ 20 _____, at _____ M

Decedent's Date of Birth

Decedent's Race / Sex

Decedent's Social Security #

✓ _____
Signature

Relationship

Witness