



AUTHORIZATION FORM

Please take a minute to print out the Authorization form below and either Fax to 973-746-1337 or mail to:

Martin's Home for Service, Inc.
48 Elm Street
Montclair, NJ 07042

Additionally you can bring it with you when you come in for your consultation. If you have any questions please don't hesitate to call us at 973-746-2158 or email to martins@martinshfs.com.

AUTHORIZATION: I hereby designate Martin's Home for Service Inc. to take charge of funeral arrangements for:

FULL NAME: _____

I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming. Additionally, I represent that I am the next of kin, or am acting as an authorized agent for the next of kin:

SIGNED: _____ PHONE #: _____

DATE: _____ CO-SIGNED: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

ADDRESS: _____

WITNESS: _____ **DATE:** _____

OFFICIAL USE BY FUNERAL HOME ONLY FOR VERBAL (TELEPHONE) AUTHORIZATION

AUTHORIZATION FORM: _____

RELATIONSHIP: _____ RECEIVED BY: _____

DATE: _____ TIME: _____

Funeral Directors:

Richelle B. Williams, Manager Robert Charles Martin, President Kevin L. Small
N.J. Lic. No. 4788 N.J. Lic. No. 4040 N.J. Lic.No. 4880/N.Y. Lic.No. 13349

Notary Public
Pre-Arrangement