

AUTHORIZATION FOR RELEASE

I hereby designate **Trinity Funeral Home & Cremation Services.**

10533 Victor Street

Commerce City, Colorado 80022

303-562-8613

To take charge of funeral arrangements for:

Name of Deceased:

And I authorize the release of personal effects and the removal of the remains to said funeral establishment for embalming and/or other scientific preparation. I represent that I am the next of kin or am acting as a duly authorized agent for the next of kin.

Printed Name: _____ **Relationship:** _____

Signature: _____

Date: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Co-Signature:

Printed Name: _____ **Relationship:** _____

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

WITNESS/FUNERAL DIRECTOR: _____ Date: _____