
Authorization

Christian J. Consoletti
Owner, Director

I hereby designate the above-named funeral establishment
to take charge of the funeral arrangements

For: _____
and I authorize the release and removal of the remains and personal effects to said
funeral establishment. I also authorize embalming or cremation or both. I also
authorize the funeral home to take a profile facial photograph of the deceased for
the sole purpose of positive identification when possible. The photo will become
part of the record and shared only with proper authorities on request.

**I represent that I am the next of kin or
I am acting as an authorized Agent for the next of kin.**

Signed: _____
Signed under the **pains** and penalties of **perjury**,

Print Name: _____

Address: _____

Address: _____

Phone Number: _____

Relationship: _____

I.D. Used:

Drivers Lic. #: _____ and State: _____

Witness: _____

Print name: _____

Date: _____

Telephone Authorization

Name: _____ Date: _____ Time: _____

Phone number: _____

Received by: _____