ZION MEMORIAL FUNERAL HOME

P.O. Box 86 | 1881 Goodwater Hwy. 511
Sylacauga, Alabama 35150
Phone: (256) 245-1454

AUTHORIZATION TO REMOVE REMAINS

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

Deceased: _____

and I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming. 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) AUTHORIZATION:

Authorization from: _____ **Relationship:** _____

Date: _____ **Time:** _____ **Received by:** _____