

## **AUTHORIZATION FOR REMOVAL OF REMAINS**

I hereby designate Sunrise Cremation Society to take charge of funeral arrangements for:

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I authorize the release and removal of the remains to said establishment. I release Sunrise Cremation Society from all liability or damages to residence that may be incurred in removal of remains from residence. I represent that I am the next of kin or I am acting as an authorized agent for the next of kin.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Relation:\_\_\_\_\_

Witness:\_\_\_\_\_ Date:\_\_\_\_\_

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