

Name of Deceased: _____

Funeral Home Name: _____

Date of Death: _____

I, the undersigned hereby authorize and request _____
(Place of death or facility with current custody of
decedent)

To release/transfer the remains of the decedent to

(Name of Funeral Home)

I acknowledge and agree that this release authorization permits the Funeral Home to use the services of other funeral home/affiliates, or other independent contractors in connection with the transfer of the Decedent from the place of death or Funeral Home.

I represent that I have legal authority to give this authorization. I agree to indemnify and hold harmless the Funeral Home, its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this release authorization.

Authorized Representative

Signature

Printed Name

Relationship

Date

Funeral Home Representative

Signature

Printed Name

Title

Date

If Authorization is Oral

Authorization received from: _____

Relationship: _____ Date: _____ Time: _____

Authorization obtained by: _____ Title: _____