



*Barbara Falowski*  
Funeral & Cremation Services

Barbara Falowski Funeral & Cremation Services  
900 N.W. 5th Ave - Fort Lauderdale, Florida 33311  
Phone: (954) 462-4262 - Fax: (954) 764-1225 - Email: info@barbarafalowski.com

### RELEASE AUTHORIZATION

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

Name of Decedent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

I/we the undersigned, being of the same or nearest degree of relationship to the above named decedent, hereby authorize: \_\_\_\_\_ to release the remains of the above-named decedent to Barbara Falowski Funeral & Cremation Services, Inc or its agents. I/We direct them to remove and take possession of the remains, for the final disposition as I/We have selected and authorized in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Relationship

### EMBALMING AUTHORIZATION

Embalming Authorized: ☐ Yes

Embalming Declined: ☐ Yes (refrigeration used)

I/we the undersigned, being of the same or nearest degree of relationship to the above-named decedent authorize Barbara Falowski Funeral & Cremation Services, Inc. embalm and/or refrigerate, care for and prepare for the disposition of the above-named decedent, and accordance with its customary practice for the final disposition selected. I/we acknowledge and agree that this authorization permits the funeral home to use the services of independent embalmers, apprentices, or student interns for such embalming, care and preparation for disposition, provided that any person rendering such services perform such work under applicable law. I/we further acknowledge and agree that this work may be performed at the funeral home facility or another facility equipped to provide such services. I/we agree to indemnify and hold harmless Barbara Falowski Funeral & Cremation Services, Inc., its affiliates and their agents and employees from any liability or claims, which may arise as a result as this release and/or authorization to embalm, or any action taken in accordance herewith. I/we direct that there be embalming or other preparation or care of the remains in compliance with Florida Law, i.e. Chapter 497,382,406. We were told that embalming is not required by law except in certain circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funeral Home Representative