## ENGAGEMENT AUTHORIZATION & AGREEMENT

I, the undersigned acknowledge the family of the deceased (Name		
the family of the deceased, (Name of Deceased):		
Signature:		Date:
Print Name:	Relationship to Deceased:	
Address:		
Telephone: Home:	Work:	Cell:
Agreed By:		
H 1 E 1H B		Date:
Hurley Funeral Home Representa	ative	
Hurley Funeral Home 3192 Altona & Welgunst		

Hurley Funeral Home 3192 Altona & Welgunst St. Thomas, USVI 00802 Phone (340) 774-1464 Fax (800) 377-1538