



Samuel's Funeral Home, Inc 14686 West Dixie Hwy Miami, FL

33161 Phone: 305-456-6265 *786-357-5046

Authorization To Release Remains:

To: Samuel's Funeral Home, Inc. Re: _____
Name of Decedent _____

The undersigned hereby authorizes and requests release of the remains of the above named decedent to Samuel's Funeral Home, Inc. and all of its agents.

Phone# _____ the above named Funeral Home including its agents is hereby authorized to sign on the undersigned's behalf, any all other authorizations that may be required to secure release of the above named decedents. The undersigned further.

Signature & Relationship to decedent Date signed _____

Signature & Relationship to decedent Date signed _____

Authorization to Embalm:

To: Samuel's Funeral Home, Inc. Re: _____
Name of Decedent _____

I, _____ check one: Do () or Do not () request EMBALMING, which I understand is the replacement of body fluids by chemical preservative or application of chemical preservative for the temporary preservation of the body. Further understand that EMBALMING IS NOT REQUIRED BY LAW. The undersigned hereby acknowledges and agrees that the foregoing authorization to embalmers and/ or apprentices or student interns in connection to embalming, care and preparation for disposition of the decedent, provided that any person rendering such services is allowed to perform such work under applicable law. The undersigned further acknowledges that the EMBALMING, care and preparation for disposition of the decedent may be performed at the Funeral Home or another Facility equipped to provide such services. The undersigned agrees to indemnify and hold harmless The Funeral Home and its agents and its employees from any and all liability of Claims which may result from any action taken in accordance with this Authorization to EMBALM.

Executed in the City of _____ in the State of _____

Date Signed _____

Signature & Relationship to decedent

Signature & Relationship to decedent Date Signed _____