



# Sunflower

## Cremation

## Release Authorization

2021 Tyler Street, Suite 200, Hollywood, Florida 33020  
(954) 824-6001 · [www.SunflowerCremation.com](http://www.SunflowerCremation.com)

Name of Decedent (the 'Decedent') : \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Cremation Services: \_\_\_\_\_  
(the 'Cremation Services')

I, the undersigned, hereby authorize and request \_\_\_\_\_,  
(Name of place of death or funeral home with custody of the Decedent)

\_\_\_\_\_  
(Address of place of death or funeral home with custody of the Decedent)

release/transfer the remains of the Decedent to

\_\_\_\_\_  
((Name of Cremation Service assuming custody of the Decedent)

\_\_\_\_\_  
(Address of Cremation Service assuming custody of the Decedent)

I acknowledge and agree this release authorization permits the Cremation Service to use the services of other affiliates, or other independent contractors in connection with the transfer of the Decedent from the place of death or Cremation Service.

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

Print Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

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

Cremation Service Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**If authorization is verbal, complete the following:**

Authorization Received from: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Time Obtained: \_\_\_\_\_

Received by: \_\_\_\_\_ Title: \_\_\_\_\_