



FUNERAL-CHOICE.COM
FUNERAL SERVICE PLANNING MADE EASY

RELEASE OF HUMAN REMAINS AUTHORIZATION

RELEASE:

The undersigned, being of the same and nearest degree of relationship to:

Name of Deceased:

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Prefix

First Name

Middle Name

Last Name

Suffix

Herby authorizes the release of the human remains and any personal property of the deceased to the Funeral Home listed by name and address below:

Name of Funeral Home:

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|--|

Address:

| |
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| |
|--|

Street Address

| |
|--|
| |
|--|

Street Address Line 2

| |
|--|
| |
|--|

City

| |
|--|
| |
|--|

State/Province

| |
|--|
| |
|--|

Postal/Zip Code

Name of Person Authorizing Release:

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Relationship to the Deceased:

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Signature:

| |
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|--|

Date of Release:

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