

Authorization For: Removal/ Embalming/ Preparation

The undersigned hereby authorized the release to, and requests Frantz Daniel Jean Funeral Services Inc. at 5020 Foster Avenue, Brooklyn, New York 11203, including its agents, to remove and embalm(if necessary), care for and prepare for disposition, the remains of

FULL NAME OF DECEASED_____

In accordance with its customary practices. The undersigned attest that he/she has the legal authority to take this action.

Date:_____

Print:_____

Relationship:_____

Address:_____

Signature:_____

If authorization is oral, Complete the following;

Verbal authorization received from:_____

Address:_____

Relation to deceased:_____

Received by:_____

Date and Time received:_____

For Frantz Daniel Jean Funeral Services Inc.