

Funeral Director's Statement of Authority

This Statement is made for the purpose of
Inducing the hospital to release the death
Certificate and/or the remains of the deceased
Below-named and with the knowledge that
The hospital will rely on the truth of the
Statements made herein.

The city of New York
Department of Hospitals

No death certificate and/or body will
be released by the hospital to the
the funeral director until a copy of this
form Properly executed, is on file.

IT IS HEREBY CERTIFIED THAT THE UNDERSIGNED HAS BEEN AUTHORIZED TO TAKE CHARGE OF:

The remains of: (Name of deceased)	Who died at:	On: (date)
By: (Name of person granting authority)	Whose address is:	And who is the: (relationship)
Remains to be removed from: (Name of hospital or mortuary)	To:(Name of residence, funeral chapel or cemetery) FRANTZ DANIEL JEAN FUNERAL SERVICES INC.	At: 5020 Foster Avenue Brooklyn, NY 11203

THIS AUTHORIZATION HAS NOT BEEN THE RESULTS OF ANY SOLICITATION BY OR IN BEHALF OF THE UNDERSIGNED

Signature: (Funeral Director)	New York State Funeral Director's License No.
Representing the firm of: FRANTZ DANIEL JEAN FUNERAL SERVICES INC.	ADDRESS OF FIRM: 5020 FOSTER AVENUE; BROOKLYN, NEW YORK 11203
Department of Health Telephone Removal No..... Or Burial permit No.	Granted by: ON: Mo Day Yr. Hr. A.M. P.M.