

AUTHORIZATION FOR RELEASE

Name of Deceased:		
The undersigned, as t hereby authorize and	he next of kin and/or as the pe direct	rson with legal authority,
to release the remains England Funeral & C	s and personal effects of the ab remation Center.	ove named decedent to New
Print Name	Signature	Relationship
Print Name	Signature	Relationship
Print Name	Signature	Relationship
Signed ond	lay of	. 20