



AUTHORIZATION FOR RELEASE OF REMAINS

Name of Deceased: _____

Name of Representative: _____

Name of Institution: _____
(Name of Institution or person in possession of remains)

Relationship of Representative:

The representative warrants and represents to *A Special Touch Funeral & Cremation Service* that the relationship between the representative and the decedent is as follows:

Spouse _____

Next of kin _____ (closest living relative)

Power of Attorney _____

Other _____ (please specify) _____

Authority of Representative:

The Representative warrants and represents to *A Special Touch Funeral & Cremation Service* that the Representative is the person or the appointed agent of the person who by law has paramount right to arrange and direct the disposition of the remains of the decedent and that no other person(s) has a superior right over the right of the above stated representative.

Release Authorization:

The Representative authorizes the Institution to release the remains of the decedent to *A Special Touch Funeral & Cremation Service* and/or its agents.

Indemnification:

The Representative agrees to indemnify and hold harmless *A Special Touch Funeral and Cremation Service* from any claims or causes of action arising or related in any respect to this authorization for removal or the funeral establishment's reliance thereon.

Date

Signature of Representative