



Complete Care
CREMATION

AUTHORIZATION FOR RELEASE OF REMAINS OF THE DECEDENT TO THE FUNERAL HOME

1. **PARTIES:**

“FUNERAL HOME”: _____
(Name of Funeral Home)

“REPRESENTATIVE”: _____
(Name of Representative)

“DECEDENT”: _____
(Name of Decedent)

“INSTITUTION”: _____
(Name of Institution or Person Holding Remains)

2. **RELATIONSHIP OF REPRESENTATIVE:**

The REPRESENTATIVE warrants and represents to the INSTITUTION that the relationship between the REPRESENTATIVE and the DECEDENT is as follows:

_____ Spouse

_____ Legal Next of Kin

_____ Personal Representative of the Legal Next of Kin with written authorization

_____ Other: _____

3. **AUTHORITY OF REPRESENTATIVE:**

The REPRESENTATIVE warrants and represents to the INSTITUTION that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the 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 REPRESENTATIVE.

4. **RELEASE AUTHORIZATION:**

The REPRESENTATIVE authorizes the INSTITUTION to release the remains of the DECEDENT to the FUNERAL HOME and/or its agents.

5. **INDEMNIFICATION:**

The REPRESENTATIVE agrees to indemnify and hold harmless the INSTITUTION from any claims or causes of action arising or related in any aspect to this authorization for removal or the INSTITUTION’s reliance thereon.

(SIGNATURE OF REPRESENTATIVE)

(DATE)