

Legacy Cremation Provider

Authorization for Release of Human Remains

I, _____ represent that I am the nearest degree of
(Printed Name of next of Kin)

kinship, and am duly authorized to release the remains of _____
(Name of Decedent)

from _____ to Heritage Cremation Provider
(Place of Death/Medical Examiners/Associate Funeral Home)

to care and prepare for final disposition.

I acknowledge, and agree that this release authorization permits the funeral home to use the services of other funeral homes/affiliates, or other independent contractors in connection with the transfer of the decedent from the place of death.

I represent that I have legal authority to give this authorization. I agree to indemnify and hold harmless the funeral home, its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this release authorization.

Executed on or about this _____ day of _____ 20 _____

Decedent's Date of Birth _____ Decedent's Date of Death _____

Decedent's Race/Sex _____ Decedent's Social Security # _____

Signature _____ Date _____

Printed Name _____ Relationship to Decedent _____

Witness _____