

AMERICAN CREMATIONS, INC.

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Pompano Beach, Florida 33069
954.934.0124
www.americancremationsinc.com

AUTHORIZATION

I, _____, hereby designate the above named funeral establishment to take charge of funeral arrangements for:

_____ and I authorize the release and removal of the remains to said funeral establishment for the purpose of CREMATION.

I represent that I am the next of kin, or am acting as an authorized agent for the next of kin, such as personal representative, significant other, or friend in the absence of any next of kin. (A director is not authorized to represent the next of kin.)

Signed: _____

Relationship to deceased: _____

Co-Signed: _____

Relationship: _____

Witness: _____

Date: _____