



PREMIER
FUNERAL SERVICES
AND CREMATIONS, INC.

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A Dignified Alternative to the High Cost of Funerals
Independently Owned and Operated

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:

- EMBALMING
- 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 funeral director is not authorized to represent the next of kin.)

Signed: _____

Relationship to deceased: _____

Co-Signed: _____

Relationship: _____

Witness: _____

Date: _____