

ANCHOR BAY

CREMATION SERVICES

GENERAL RELEASE

I represent that I am the nearest degree of relationship or a duly authorized agent acting in behalf of the next of kin and do hereby authorize the release and removal of:

Deceased

to

Anchor Bay Cremation Services

to take charge of funeral arrangements, to care for, embalm, and otherwise prepare for burial and/or other disposition of the deceased.

Name Relationship Date

Name Relationship Date

Witness Date

TELEPHONE AUTHORIZATION

Name Relationship

Date Time Received By