

MILLENNIUM

— CREMATION SERVICE —

Release Authorization

Name of decedent (the "decedent") _____
Last First Middle

_____ Date of Birth Date of Death Case Number

Name of Funeral Service Provider _____

I, the undersigned, hereby authorize and request _____
(Name of Place of Death or Funeral Service Provider with Custody of Decedent)

(Address of place of death or Funeral Service Provider with custody of Decedent)

release/transfer the remains of the Decedent to _____
(Name of Funeral Service Provider or Institute assuming custody of Decedent)

(Address of Funeral Service Provider or Institute assuming custody of Decedent)

I acknowledge and agree that this release authorization permits the Funeral Service Provider to use the services of other Funeral Service Provider/affiliates or other independent contractors in connection with the transfer of the Decedent from the place of death or Funeral Service Provider.

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

Print Name of Authorized Representative

Relationship to Decedent

Signature of Authorized Representative

Date

Print Name of Funeral Home Representative

Title

Signature of Funeral Service Provider Representative

Date

If authorization is oral, complete the following

Authorization Received from (Print Name)

Relationship to Decedent

Phone Number

Date and time obtained

Received By (Print Name)

Title

Received By (Signature)