

**CREMATION SERVICES BY THE SEA LLC.**  
[WWW.CREMATIONSERVICESBYTHESEA.COM](http://WWW.CREMATIONSERVICESBYTHESEA.COM)  
EMAIL US: INFO@CREMATIONSERVICESBYTHESEA.COM  
**1307 CENTRAL TERRACE, LAKE WORTH, FLORIDA 33460**  
PHONE (561) 623-7357 FAX (561) 623-7562

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**RELEASE FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Facility name)

I, \_\_\_\_\_, (authorized individual) hereby authorize

Cremation Services By The Sea LLC, 1307 Central Terrace, Lake Worth, FL 33460

To remove the body of:

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Relationship to deceased

\_\_\_\_\_  
Witness by Cremation Services By The Sea, LLC (when available)

A notary signature and stamp will be required when cremation arrangements are completed in circumstances where: arrangements are completed via phone, fax or internet. This form must be provided with original signatures. It is required and shall be submitted to our office prior to any cremation services being provided. This requirement is not needed if the final arrangement has been completed by a Licensed Funeral Director or representative of Cremation Services By The Sea, LLC.

STATE OF FLORIDA

\_\_\_\_\_ COUNTY

BEFORE ME, the undersigned, a Notary Public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that all statements contained herein are true and correct.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS \_\_\_\_\_ day of \_\_\_\_\_, Year of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida