



Cremations America Central Florida

809 East Oak Street, Suite #104 Office No. (407) 350-5702
Kissimmee, Florida 34744 Fax No. (407) 350-5704
Website: www.cremationsamericacfl.com

RELEASE AUTHORIZATION

I hereby, authorize the release of _____ deceased, from the
Name of Decedent

Residence Hospital Nursing Facility Other _____

Location address:

Address: _____ Room # (if applicable) _____

City: _____ State: _____

Signature of person authorizing Cremations America Central Florida to take possession of and make arrangements for the cremation of the deceased.

_____ Signature	_____ Print Name	_____ Relationship to Decedent	_____/_____/_____ Date	
_____ Address	_____ City	_____ State	_____ ZIP	_____ Telephone

Verbal permission given by: _____ Date/Time: _____