

**RELEASE AUTHORIZATION**

THE UNDERSIGNED BEING OF THE NEAREST DEGREE OF RELATIONSHIP TO:

\_\_\_\_\_ DO HEREBY AUTHORIZE  
Name of Deceased

\_\_\_\_\_ TO RELEASE THE REMAINS OF THE  
Name of Institution or Person

OF THE DECEASED TO: **Cremation Services By The Sea, LLC**

\_\_\_\_\_  
Signature Name Relationship

\_\_\_\_\_  
Signature Name Relationship

\_\_\_\_\_  
Signature Name Licensed Staff Member

- If the above listed institution is a County Medical Examiner's Office, please release the death certificate record to us.
- To contact a director for immediate assistance or concerns call (561) 623-7357