

RELEASE AUTHORIZATION

THE UNDERSIGNED BEING OF THE NEAREST DEGREE OF RELATIONSHIP TO:

Name of Deceased DO HEREBY AUTHORIZE

Name of Institution or Person TO RELEASE THE REMAINS OF THE

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) 465-5380